

IN THE CIRCUIT COURT FOR ANDERSON COUNTY, TENNESSEE

SANDRA LOVEDAY, Administrator of the Estate  
of BONNIE ELLEN JONES and SANDRA  
LOVEDAY, individually and as next of kin and for  
the wrongful death of BONNIE ELLEN JONES,

PLAINTIFF

VS.

CASE NO: B3LA0110

SSC ANDERSONVILLE OPERATING COMPANY  
LLC d/b/a NORRIS HEALTH AND  
REHABILITATION CENTER

DEFENDANT

**CERTIFICATE OF CLERK**

I, H. Tyler Hayes, Clerk of the Circuit Court of Anderson County, Tennessee, do hereby  
certify that the attached papers are a full, true and correct copy of all the process, pleadings and  
orders in the above entitled action and constitute all the papers on file in the above-styled and  
numbered cause in the Circuit Court of Anderson County, Tennessee.

GIVEN UNDER MY HAND AND OFFICIAL SEAL, this the \_\_\_\_ day of June, 2013.

*H. Tyler Hayes by Annette K. Prewitt*  
H. TYLER HAYES, CIRCUIT CLERK  
ANDERSON COUNTY, TENNESSEE *Chief Dep. Clerk*



IN THE CIRCUIT COURT FOR ANDERSON COUNTY, TENNESSEE

SANDRA LOVEDAY, Administrator of the  
Estate of BONNIE ELLEN JONES and  
SANDRA LOVEDAY, individually and as next  
of kin and for the wrongful death of BONNIE  
ELLEN JONES,

Plaintiffs,

v.

SSC ANDERSONVILLE OPERATING  
COMPANY, LLC d/b/a NORRIS HEALTH  
AND REHABILITATION CENTER,

Defendants.

STATE OF TENNESSEE, ANDERSON COUNTY  
I, the undersigned Clerk of the Circuit Criminal  
Court, do hereby certify that this is a true and  
correct copy of the original of this instrument  
filed in this cause.

This 12 day of May, 2013

H. TYLER MAYES, CLERK

By: Shannon [Signature] (D.C.)

No.: B3LA0110  
JURY DEMAND

2013 MAY - 5 PM 12:49  
FILED

COMPLAINT

COMES YOUR PLAINTIFF, by and through counsel, and for this cause of action states  
the following:

1. Bonnie Ellen Jones was a citizen and resident of Anderson County, Tennessee.
2. Bonnie Ellen Jones wrongfully died at Norris Health and Rehabilitation Center in Anderson County, Tennessee on or about May 10, 2012, due to the negligent acts and omissions of Norris Health and Rehabilitation Center, its officers, agents and employees.
3. Bonnie Ellen Jones was survived by three children including her daughter, Sandra Loveday, and two grandchildren, which constitute the next of kin of Bonnie Ellen Jones, deceased.
4. Sandra Loveday has been appointed Administrator of the Estate of Bonnie Ellen Jones, her deceased mother. Sandra Loveday brings this action as the Administrator of the Estate of Bonnie Ellen Jones and also individually and as a next kin of Bonnie Ellen Jones, for the injuries suffered by Bonnie Ellen Jones and her wrongful death and for the use and benefit of her heirs at law.

5. SSC Andersonville Operating Company, LLC, is a Delaware limited liability company qualified to do business and doing business in the State of Tennessee. SSC Andersonville Operating Co., LLC owns and operates Norris Health and Rehabilitation Center in Anderson County, Tennessee.

6. SSC Andersonville Operating Co., LLC is licensed by the State of Tennessee to operate a nursing home named Norris Health and Rehabilitation Center.

7. SSC Andersonville Operating Co., LLC does business as Norris Health and Rehabilitation Center in Anderson County, Tennessee, located at 3382 Andersonville Highway, Andersonville, TN 37705-3816. Venue lies in Anderson County, Tennessee.

8. CT Corporation System, 800 South Gay Street, Ste 2021, Knoxville, TN 37929-9710 is the registered agent for service of process for SSC Andersonville Operating Co., LLC.

9. In 2012, Bonnie Ellen Jones was a patient and resident at Norris Health and Rehabilitation Center, in Anderson County, Tennessee. She received negligent and reckless care and treatment below the recognized standard of acceptable professional practice for nursing and nursing home care for Anderson County, Tennessee or similar communities as it existed in 2012 resulting in personal injuries to Bonnie Ellen Jones that would not otherwise have occurred and her wrongful death on May 10, 2012, that would not have otherwise occurred.

10. These injuries occurred as a direct and proximate result of the negligent acts and omissions, of the agents and servants of the defendant at and during the course of their agency and employment making Andersonville Operating Co., LLC d/b/a Norris Health and Rehabilitation Center liable for the injuries and wrongful death experienced by Bonnie Ellen Jones.

11. The employees, agents and servants of SSC Andersonville Operating Co., LLC d/b/a Norris Health and Rehabilitation Center were guilty of conduct constituting a gross

deviation from the standard of care that should have been exercised under the circumstances and their actions constituted reckless conduct and grossly negligent conduct.

12. On May 9, 2012, a physician's order was placed for two liters of IV fluids to be infused at 60 cc per hour. A 1,000 cc or one liter IV was negligently started by the staff, employees, servants and agents of the defendant, but a dial flow or other flow control device was not placed on the IV. The fluids were allowed to infuse very rapidly and uncontrolled into Bonnie Ellen Jones. This constituted a very dangerous situation and created the risk of serious harm or death for an elderly patient in Bonnie Ellen Jones's physical condition. The IV was not properly assessed, monitored and documented. It demonstrated a reckless disregard for her safety and a gross deviation from the applicable standard of acceptable professional practice to allow the IV to infuse uncontrolled and unmonitored into Bonnie Ellen Jones.

13. By about 12:36 a.m. on May 10, 2012, the 1,000 cc IV had rapidly infused into Ms. Jones. At approximately 12:36 a.m. on May 10, 2012, the nursing staff allegedly discovered the infusion error, but failed to notify the physician of this error. The nursing staff started another one liter bag of IV fluids with the dial flow set at 60 cc per hour. The nursing staff again failed to adequately monitor the IV fluids and assess the patient and to document the same as required by the applicable standard of acceptable professional practice. The patient was discovered about 9:35 a.m. on May 10, 2012 and noted to be in respiratory distress. Her lungs were noted to be congested in all fields. Efforts to treat her were unsuccessful and she expired about 10:05 a.m. on the morning of May 10, 2012.

14. It constituted a gross deviation from the applicable standard of acceptable professional practice for nursing and nursing homes and reckless conduct for a physician not to be notified at the time the IV error was discovered during the early morning hours of May 10, 2012. It also constituted a gross deviation from the then applicable standard of acceptable

professional practice and reckless conduct for another IV to be started and to be allowed to be infused at 60 cc per hour without the physician being notified and without the patient being properly monitored, assessed and treated. This created a substantial risk of serious bodily injury and death to Bonnie Ellen Jones. The defendant callously disregarded this known risk and acted recklessly.

15. As a direct and proximate result of the above referenced negligent acts and omissions and reckless conduct, Bonnie Ellen Jones suffered fluid overload, respiratory distress and injuries from the rapid and excessive infusion of IV fluids, which caused pain and suffering, mental anguish and the wrongful death.

16. As a direct and proximate result of the negligent acts and omissions of the nursing personnel and the treatment below the applicable standard of acceptable professional practice for their profession as it existed in 2012 in Anderson County, Tennessee or similar communities for nursing and nursing home care, Bonnie Ellen Jones suffered injuries and damages that would not otherwise have occurred, including her wrongful death.

17. The actions of the employees and agents of Norris Health and Rehabilitation Center represented a conscious disregard for the safety of its patients and a gross deviation below the applicable standard of acceptable professional practice for their professions as it existed in Anderson County, Tennessee or similar communities in May 2012. But for the negligence of the nursing home staff and employees, Bonnie Ellen Jones, would not have experienced these injuries and died on the morning of May 10, 2012.

18. The personnel of Norris Health and Rehabilitation Center admitted to plaintiff that the IV was not properly monitored and infused too rapidly and that this caused the death of Bonnie Ellen Jones.

19. Norris Health and Rehabilitation Center was not properly and adequately staffed by adequately and properly trained and experienced nursing staff, sufficient for patient care to the residents including Bonnie Ellen Jones. The staffing, training and experience was below the applicable standard of acceptable professional practice for nursing homes, as it existed in Anderson County, Tennessee or similar communities in 2012 and this resulted in a pattern of substandard care below the then applicable said standard of care to Bonnie Ellen Jones.

20. The nursing home personnel failed to adequately monitor, assess, treat and document the condition of Bonnie Ellen Jones, all in violation of the applicable standard of acceptable professional practice for nursing home and nursing care, as it existed in Anderson County, Tennessee or similar communities in 2012.

21. Medications that were ordered for Bonnie Ellen Jones on May 9, 2012 were not timely initiated before her death on May 10, 2012 in violation of the recognized standard of acceptable professional practice for nursing and nursing homes, as it existed in Anderson County, Tennessee or similar communities in 2012.

22. The Albuterol treatments were not performed as per the orders entered on May 9, 2012, in violation of the recognized standard of acceptable professional practice for nursing and nursing homes, as it existed in Anderson County, Tennessee or similar communities in 2012.

23. The staff failed to accurately and adequately monitor, assess and document the care and treatment of Bonnie Ellen Jones on May 9, 2012 and May 10, 2012 and to timely report significant changes in the patient's condition, in violation of the recognized standard of acceptable professional practice for nursing and nursing homes, as it existed in Anderson County, Tennessee or similar communities in 2012.

24. The nursing home staff failed to provide a comprehensive nursing assessment of Bonnie Ellen Jones's respiratory status, as required by the recognized standard of acceptable

professional practice for nursing and nursing homes, as it existed in Anderson County, Tennessee or similar communities in 2012.

25. The nursing staff failed to adequately and appropriately monitor, assess, evaluate and document the IV infusions of this patient in violation of the recognized standard of acceptable professional practice for nursing, as it existed in Anderson County, Tennessee or similar communities in 2012.

26. The nursing home staff failed to implement and document an appropriate care plan for Bonnie Ellen Jones in violation of the recognized standard of acceptable professional practice for nursing and nursing homes, as it existed in Anderson County, Tennessee or similar communities in 2012.

27. The nursing home staff did not appropriately monitor, assess, evaluate and document the intake and output of fluids in Bonnie Ellen Jones as required by the recognized standard of acceptable professional practice for nursing and nursing homes, as it existed in Anderson County, Tennessee or similar communities in 2012.

28. The nursing home staff failed to adequately and accurately document the errors regarding the IV infusion in the medical records and failed to promptly report said error as required by the recognized standard of acceptable professional practice for nursing and nursing homes, as it existed in Anderson County, Tennessee or similar communities in 2012.

29. The staff of Norris Health and Rehabilitation Center negligently failed to inform Bonnie Ellen Jones's physician when there was a significant change in her medical status and a significant medication error, in violation of the recognized standard of acceptable professional practice for nursing and nursing homes as it existed in Anderson County, Tennessee or similar communities in 2012.

30. The care and treatment of Bonnie Ellen Jones at Norris Health and Rehabilitation Center by the agents and servants of the defendant were otherwise negligent and below the recognized standard of acceptable professional practice, causing injuries and damages that would not have otherwise have occurred.

31. The plaintiff has fully complied with the requirements of T.C.A. §29-26-121(a) regarding pre-suit notice. The defendant was provided notice by certified mail, return receipt requested mailed February 21, 2013, which was mailed to their current business address located at 3382 Andersonville Highway, Andersonville, TN 37705-3816 and to their Atlanta, Georgia business address located at 1 Ravinia Drive, Ste 1500, Atlanta, GA 30346-2115 and to their agent for service of process, CT Corporation System, 800 South Gay Street, Ste 2021, Knoxville, TN 37929-9710. Also, a certified letter return receipt requested to Norris Health and Rehabilitation Center was mailed February 21, 2013, to its current business address located at 3382 Andersonville Highway, Andersonville, TN 37705-3816. Proof of receipt of all four certified letters was received back more than 60 days prior to the filing of this matter. The four notices all included a HIPAA compliant medical authorization allowing the defendant to obtain medical records from all persons receiving notices and a list of all entities receiving notice. Compliance is demonstrated by filing certificates of mailing for all four letters and Affidavits establishing the timely mailing by certified mail and four certificates of mailing return receipt requested with the notices attached thereto. (See Exhibits 1-A and 1-B and attachments thereto). Attached hereto as Exhibit 1-A is the Affidavit of Melanie L. Sadler and Exhibit 1-B is the Affidavit of Arthur C. Earls IV with attached certificates of mailing and certified mail receipts demonstrating the mailing of notice letters to the defendant on February 21, 2013 on behalf of Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones. Return receipts were received back on all four certified letters. (See Exhibit 1). Exhibit 1 and all attachments thereto



are adopted and incorporated by reference herein. The statutory required notice was timely given and timely received and this cause of action is being filed more than 60 days after the notice was provided pursuant to the statute, all in compliance with T.C.A. §29-26-121(a).

32. Pursuant to T.C.A. §29-26-121(a) pre-suit notice has been timely provided on February 21, 2013, by certified mail return receipt requested on the business addresses of the defendant at 3382 Andersonville Highway, Andersonville, Tennessee 37705 and 1 Ravinia Drive, Ste 1500, Atlanta, Georgia 30346-2115 and to the registered agent for service of process, CT Corporation Systems, 800 South Gay Street, Ste 2021, Knoxville, Tennessee 37929-9710 and certificates of mailing evidencing the same are filed herein and adopted and incorporated by reference. All of these notices were delivered more than 60 days prior to the filing of this case.

33. A Certificate of Good Faith, Exhibit 2, is filed contemporaneously with this Complaint pursuant to the provisions of T.C.A. §29-26-122, which is incorporated and adopted by reference herein. In accordance with the foregoing statute plaintiff's counsel, David E. High, states and certifies as follows:

a. He has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(i) Are competent under T.C.A. §29-26-115 to express opinions in this case;  
and

(ii) Believe based upon the information available and from the medical records concerning the care and treatment of Bonnie Ellen Jones for the incident at issue that it is a good faith basis to maintain the action consistent with the requirements of T.C.A. §29-26-115.

b. Plaintiff's counsel, David E. High, has zero (0) prior violations of T.C.A. §29-26-122.

34. As a direct and proximate result of the negligent and reckless acts and omissions of the defendant and their agents, servants and employees acting in the course and scope of their agency and employment, the plaintiff, Bonnie Ellen Jones, suffered injuries and damages which would not have otherwise occurred, including conscious pain and suffering, mental anguish and her wrongful death. As a result, the plaintiffs incurred funeral expenses on behalf of the decedent. The plaintiff underwent conscious pain and suffering prior to her wrongful death as a result of the negligent acts and omissions and reckless conduct of the defendant's agents and employees below the recognized standard of acceptable professional practice for their profession as it existed in Anderson County, Tennessee or similar communities in 2012, and suffered injuries and damages including pain and suffering, loss of enjoyment of life, mental anguish and ultimately causing the wrongful death of Bonnie Ellen Jones.

35. The plaintiffs also seek the pecuniary value of the life of Bonnie Ellen Jones and loss of consortium to all of the heirs at law. The plaintiffs seek all damages allowed under the Tennessee wrongful death statute.

36. Due to the reckless and intentional conduct of the defendant and their agents, servants and employees acting within the course and scope of their agency and employment, and the gross deviations below the applicable standards of care for their profession, this is clearly an appropriate case for the imposition of punitive or exemplary damages. Therefore, the plaintiffs seek punitive damages.

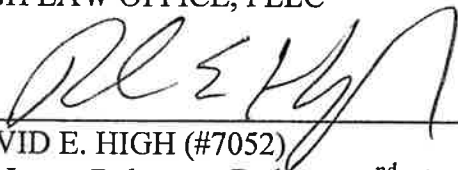
37. There exists clear and convincing evidence that the acts and omissions referenced above clearly constitute a gross deviation from the recognized standard of acceptable professional practice for nursing and nursing homes as it existed in Anderson County, Tennessee or similar communities in 2012 and reckless conduct. The defendant and their agents, servants and employees knew that their conduct posed a substantial and unjustifiable risk of serious injury

and death to a vulnerable and frail patient in their care and consciously and intentionally disregarded the risk, and their disregard clearly constituted a gross deviation from the standard of care that was required under all the circumstances and reckless conduct.

WHEREFORE, PLAINTIFF PRAYS for the following:

1. That proper process issue and be served on the defendant and that the defendant be required to answer within the time prescribed by law;
2. A trial by jury;
3. A judgment for compensatory damages against the defendant, to be set by the said jury not to exceed \$2,000,000.00 and that they be awarded punitive damages to be set by said jury not to exceed \$4,000,000.00;
4. That the plaintiff be awarded pre-judgment interest, post-judgment interest and all costs including discretionary costs be taxed against the defendant; and
5. For such other, general relief as the plaintiff may be entitled.

Respectfully submitted,  
HIGH LAW OFFICE, PLLC



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DAVID E. HIGH (#7052)  
300 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37201-1107  
615/256-1000  
*attyhigh@bellsouth.net*



---

K. CHRISTOPHER MARTIN (#23765)  
P. O. Box 584  
Clinton, TN 37717  
865/457-3446  
*kcmlaw@yahoo.com*  
*For the Plaintiff*



IN THE CIRCUIT COURT FOR ANDERSON COUNTY, TENNESSEE

SANDRA LOVEDAY, Administrator of the )  
Estate of BONNIE ELLEN JONES and )  
SANDRA LOVEDAY, individually and as next )  
of kin and for the wrongful death of BONNIE )  
ELLEN JONES, )  
 )  
Plaintiffs, )  
 )  
v. )  
 )  
SSC ANDERSONVILLE OPERATING )  
COMPANY, LLC d/b/a NORRIS HEALTH AND )  
REHABILITATION CENTER, )  
 )  
Defendants. )

No.: \_\_\_\_\_  
JURY DEMAND

AFFIDAVIT OF MELANIE L. SADLER

STATE OF TENNESSEE )  
COUNTY OF DAVIDSON )

Notice required by T.C.A. §29-26-121(a).

MELANIE L. SADLER, being first duly sworn states the following:

1. I have personal knowledge of the matters stated in this Affidavit.
2. I am employed at High Law Office, PLLC, as a legal secretary.
3. On February 21, 2013, I prepared the four attached letters for mailing, certified mail, return receipt requested and prepared certificates of mailing for the same. The four certified letters all dated February 21, 2013 with the attached enclosures were given to our law clerk, Arthur C. Earls IV, who took them to the post office on February 21, 2013 and mailed the same by certified mail, return receipt requested and subsequently returned to me the four receipts and certificates of mailing. (See attached). The SSC Andersonville Operating Company, LLC, letters were mailed to their current business addresses located at 3382 Andersonville Highway, Andersonville, TN 37705-3816 and to their Atlanta, Georgia business address located at 1

Corporation System, 800 South Gay Street, Ste 2021, Knoxville, TN 37929-9710. Also, the letter to Norris Health and Rehabilitation Center was mailed to its business address located at 3382 Andersonville Highway, Andersonville, TN 37705-3816.


4. We received back the attached return receipts on all four letters. (See attached).

5. Enclosed with all four correspondence was a list of healthcare providers being given notice pursuant to T.C.A. §29-26-121(a) and a HIPAA compliant medical authorization allowing each party receiving notice to obtain records from the other parties receiving notice.

6. Copies of the certified mail receipts, certificates of mailing and the four letters and attachments are attached to my Affidavit. These letters were all prepared for mailing by me as described on February 21, 2013.

This the 1<sup>st</sup> day of May 2013.

FURTHER this affiant saith not.

  
MELANIE L. SADLER

SWORN TO AND SUBSCRIBED before me on this the 1<sup>st</sup> day of May 2013.

  
Notary Public

My Commission Expires:

11-4-13



My Commission Expires NOV. 4, 2013



This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.  
This form may be used for domestic and international mail.

### Certificate Of Mailing

From:

David E. High, Esq.  
HIGH LAW OFFICE, PLLC  
300 James Robertson Pkwy, 2nd Floor  
Nashville, TN 37201

To:

SSC Andersonville Operating Co.  
3383 Andersonville HWY  
Andersonville, TN 37705



PS Form 3817, April 2007 PSN 7530-02-000-9065

### U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

ANDERSONVILLE TN 37705

OFFICIAL USE

Postage	\$ 1.22
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.87

Sent to:  
SSC Andersonville Operating Co., LLC  
3383 Andersonville HWY - 37249  
or PO Box No.  
Andersonville, TN 37705  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

#### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
SSC Andersonville Operating Co.  
3383 Andersonville HWY  
Andersonville, TN 37705

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Holly Holder*  
B. Received by (Printed Name)  
*Holly Holder*  
C. Date of Delivery  
*2-25-13*  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type  
☒ Certified Mail ☐ Registered ☐ Insured Mail ☐ Return Receipt for Merchandise ☐ C.O.D.

# HIGH LAW OFFICE, PLLC

DAVID E. HIGH

Attorney-At-Law

Rule 31, Listed General Civil Mediator

(615)256-1000

(615)256-1009 - Fax

300 James Robertson Parkway

Court Square Building, Second Floor

Nashville, Tennessee 37201

attyhigh@Bellsouth.Net

www.highlawoffice.com

February 21, 2013

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

SSC Andersonville Operating Company, LLC  
3382 Andersonville HWY  
Andersonville, TN 37705

Re:	Deceased:	Bonnie Ellen Jones
	Date of Birth:	6/13/31
	Date of Death:	5/10/12
	SSN:	409-44-7088
	Our Clients:	Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones, for the wrongful death of Bonnie Ellen Jones Potential Claim for Healthcare Liability or Medical Malpractice Notice Required by T.C.A. §29-26-121(a)

Dear Sir or Madam:

Attorney K. Christopher Martin, P. O. Box 584, Clinton, TN 37717 and High Law Office, PLLC, are the attorneys representing Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for a claim for healthcare liability or medical malpractice and for the wrongful death of Bonnie Ellen Jones, on May 10, 2012, at your facility. Sandra Loveday is asserting a claim for healthcare liability or medical malpractice for the negligent treatment received by Bonnie Ellen Jones while at Norris Health & Rehabilitation Center, causing damages and injuries including her wrongful death on May 10, 2012. Our investigation reveals acts of negligence by the employees and staff of your facility, including negligently failure to administer, monitor and control the input of IV fluids into Ms. Jones on May 9, 2012 and May 10, 2012, resulting in fluid overload and her wrongful death on May 10, 2012.

These negligent acts and omissions occurred at Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, Tennessee 37705.

The full name and date of birth of the patient whose treatment is at issue is:

Patient:	Bonnie Ellen Jones
Date of Birth:	6/13/31
Date of Death:	5/10/12
SSN:	409-44-7088

The name and address of the claimant authorizing this notice and relationship to the patient is:

Sandra Loveday, Administrator of the Estate  
of Bonnie Ellen Jones (Daughter of Bonnie Ellen Jones)  
204 Sailview Lane  
Clinton, TN 37716

The name and address of the attorney sending this notice is:

David E. High  
High Law Office, PLLC  
Court Square Building  
300 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37201

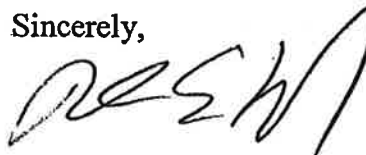
Enclosed herein is a list of the names and addresses of all providers being sent a notice.

Enclosed are HIPAA compliant medical authorizations permitting your corporation to obtain complete medical records from each other provider being sent a notice.

Also enclosed are copies of an Order Allowing the Appointment of Sandra Loveday Administrator of the Estate of Bonnie Ellen Jones, an Order Granting Letters of Administration, and a Letter of Administration.

Please send a copy of this correspondence and all enclosures to your professional liability insurance carrier and/or your legal counsel. I would appreciate hearing from your representative of your professional liability insurance carrier or your legal counsel as soon as possible.

Sincerely,



David E. High

DEH:mel

Enclosures

cc: Norris Health & Rehabilitation Center



**LIST OF NAMES AND ADDRESSES OF ALL PROVIDERS  
BEING SENT A NOTICE PURSUANT TO T.C.A. §29-26-121(a)**

Re:            Claimant:    Bonnie Ellen Jones  
                                  DOB:            6/13/31  
                                  DOD:            5/10/12  
                                  SSN#:          409-44-7088

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice:

1.        Norris Health & Rehabilitation Center  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
2.        SSC Andersonville Operating Company, LLC  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
3.        SSC Andersonville Operating Company, LLC  
          c/o CT Corporation Systems  
          800 South Gay Street, Ste 2021  
          Knoxville, TN 37929-9710
  
4.        SSC Andersonville Operating Company, LLC  
          1 Ravinia Drive, Ste 1500  
          Atlanta, GA 30346-2115

Each provider above is being sent a HIPAA compliant medical authorization permitting each to obtain complete medical records from each other.

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION – PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER GRANTING LETTERS OF ADMINISTRATION


This cause came to be heard on February 11<sup>th</sup>, 2013, upon the Petition filed by the designated Personal Representative and sworn testimony of the Petitioner and witnesses. The findings of the Court:

- A. Decedent was a resident of Anderson County, Tennessee.
- B. Decedent died on 05-10-2012.
- C. Decedent left no Will.
- D. Sandra Loveday petitioned the Court to be appointed Administrator.
- E. That no bond is required.
- F. That the inventory for the Administrator is attached hereto.
- G. That Letters of Testamentary be issued to the Administrator upon her taking oath as prescribed by statute.
- H. That the Administrator administer the Estate in compliance with this Order and all applicable laws of the State of Tennessee.

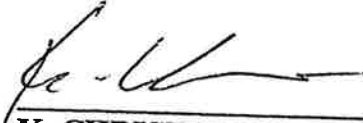
ENTER this the 11<sup>th</sup> day of FEB, 2013.

RECEIVED

JAN 24 2013

  
JUDGE WILLIAM LANTRIP

**APPROVED FOR ENTRY BY:**



**K. CHRISTOPHER MARTIN (23765)**  
**Attorney for the Estate**  
**P.O. Box 584.**  
**Clinton, TN 37717**  
**(865) 457-3446**

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION – PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER ALLOWING THE APPOINTMENT OF SANDRA LOVEDAY AS  
ADMINISTRATOR OF THE ESTATE OF BONNIE ELLEN JONES

This cause came on to be heard on the \_\_\_\_\_ day of \_\_\_\_\_, 2013,  
before the Honorable William Lantrip. Based upon the record as a whole, the Court is of the  
opinion that Sandra Loveday be appointed Administrator of the Estate of Bonnie Ellen Jones.

IT IS THEREFORE ORDERED, ADJUDGED and DECREED that Sandra Loveday  
be appointed Administrator of the Estate of Bonnie Ellen Jones.

ENTERED this the 11<sup>th</sup> day of Feb, 2013.

  
JUDGE WILLIAM LANTRIP

APPROVED FOR ENTRY BY:



K. CHRISTOPHER MARTIN (23765)  
Attorney for the Estate  
Post Office Box 584  
Clinton, TN 37717  
865-457-3446

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
PROBATE DIVISION

IN RE: THE ESTATE OF BONNIE ELLEN JONES, DECEASED

NO: 13PB0020

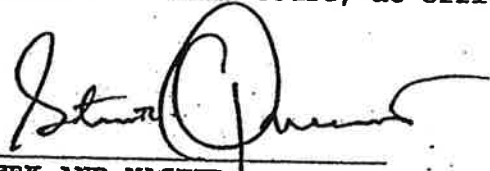
LETTER OF ADMINISTRATION

TO: SANDRA LOVEDAY

A CITIZEN OF ANDERSON COUNTY, TN

Whereas, It appears to the Court, now in session, that BONNIE ELLEN JONES died, leaving no will and the Court being satisfied as to your claim to the Administration, and you having given bond and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you; These are, therefore, to authorize and empower you, the said SANDRA LOVEDAY to take into your possession and control, all the goods, chattels, claims, and papers of the said intestate, and return a true and perfect inventory thereof to our next Chancery Probate Court, or within sixty (60) days from the date hereof; to collect and pay all debts, and to do and transact all the duties in relation to said estate which lawfully devolve on you and personal representative and after having settled up said estate, to deliver the residue thereof to those who have a right thereto.

Witness, Steve R. Queener, Clerk and Master of said Court, at office, this 11<sup>th</sup> of FEBRUARY, 2013.

  
CLERK AND MASTER

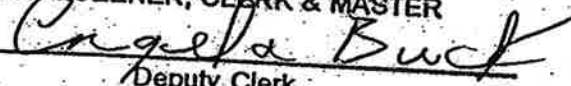
STATE OF TENNESSEE, ANDERSON COUNTY

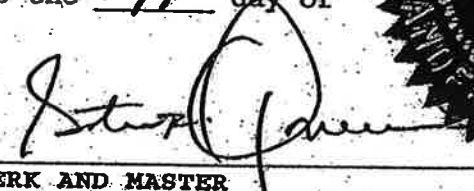
I do solemnly swear that I will honestly and faithfully discharge the duties of Personal Representative of the estate of BONNIE ELLEN JONES according to law, to the best of my knowledge and ability. So help me God.

PER ATTACHED OATH  
PERSONAL REPRESENTATIVE

Subscribed and sworn to before me this the 11<sup>th</sup> day of  
FEBRUARY, 2013.

STATE OF TENNESSEE, ANDERSON COUNTY  
I hereby certify this document to be a true and exact copy of the original on file in this office, and same remains in full force and effect this the 19<sup>th</sup> day of February, 2013  
STEVE R. QUEENER, CLERK & MASTER

BY:   
Deputy Clerk

  
CLERK AND MASTER



# HIPAA COMPLIANT

## Medical Records/Medical Billing Release Authorization

I hereby authorize NORRIS Health And Rehabilitation Center and its physicians, employees and agents to release or disclose to SSC Andersonville Operating Company LLC all of my billing information and/or documentation and all of my medical records including any specially protected records such as those relating to psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia, or HIV infection, etc. This Release covers any and all medical records whatsoever.

RELEASE RECORDS TO:

NAME:

ADDRESS:

SSC Andersonville Operating Company LLC  
3382 Andersonville Hwy.  
Andersonville, Tenn. 37205

Patient's Name: BONNIE ELLEN JONES, deceased

Patient's SS#: 409-44-7088

Patient's Date Of Birth: 6/13/31

Which physician's records?: (All) Any Medical Records and/or Billing Information or other documents

Purpose of Disclosure: Compliance with T.C.A. §26-26-121.

1. All records/bills generated by the above-named healthcare provider, including records received from other sources: INITIALS: SLX
2. Only a portion of records/bills, specifically, dates of treatment, etc.: INITIALS: \_\_\_\_\_
3. All records/bills at this facility... INITIALS: \_\_\_\_\_

**If you DO NOT WANT certain portions of your medical records released, please read this section carefully and initial the boxes for information you do not want released. Otherwise, our records will be released as specified above.**

\* I authorize the above-named health care provider and its physicians, employees, and agents to release the information specified to the organization, agency, or individual named on this request with the exception of:

Initials: \_\_\_\_\_

Substance Abuse, if any

Initials: \_\_\_\_\_

Psychological or psychiatric conditions, if any

Initials: \_\_\_\_\_

Aids/HIV/STD's, if any

This Authorization will expire on the occurrence of the settlement of claim or end of litigation.

\* I understand that I may revoke the Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the above-named healthcare provider or its physicians, employees, or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the above-named health care provider. I understand that I am not required to sign this Authorization. The above-named healthcare provider will not condition treatment, payment, enrollment, or eligibility for benefits on whether I provide this Authorization. I understand that my records may be subject to disclosure by the recipient and may no longer be protected by federal privacy regulations. I understand that this Authorization does not limit the above-named healthcare provider's or its physicians', employees' or agents' ability to use or disclose my information for treatment, payment, or healthcare operations, or as otherwise permitted by law.

Patient or Authorized Representative's Signature: Sandra E. Loveday

SANDRA E. LOVEDAY, ADMINISTRATOR OF

Date: 2-20-13

Relationship to patient: THE ESTATE OF BONNIE ELLEN JONES

Unless Otherwise Indicated, This Authorization Remains in Effect until settlement of claim or end of litigation.

A photocopy of the original of this Authorization shall serve in its stead.



# Certificate Of Mailir

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mail. This form may be used for domestic and international mail.

From:

David E. High, Esq.

HIGH LAW OFFICE, PLLC

300 James Robertson Pkwy, 2nd Floor  
Nashville, TN 37201

To: SSC Andersonville Operating Co., L  
1 Ravinia Drive, Ste 1500  
Atlanta, GA 39346-2115



PS Form 3817, April 2007 PSN 7530-02-000-9065

## U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

ATLANTA, GA 30346

OFFICIAL USE	
Postage	\$ 1.20
Certified Fee	\$ 3.18
Return Receipt Fee (Endorsement Required)	\$ 2.55
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
Total Postage & Fees	\$ 7.17
Postmark Here FEB 21 2013 02/21/2013	

Sent To SSC Andersonville Operating Co., L  
1 Ravinia Drive, Ste 1500  
Atlanta, GA 39346-2115  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SSC Andersonville Operating Co., L  
1 Ravinia Drive, Ste 1500  
Atlanta, GA 39346-2115

### COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent  
☒ S. Perry ☐ Address

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

### 3. Service Type

- ☐ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

# HIGH LAW OFFICE, PLLC

DAVID E. HIGH

Attorney-At-Law

Rule 31, Listed General Civil Mediator

(615)256-1000

(615)256-1009 - Fax

300 James Robertson Parkway

Court Square Building, Second Floor

Nashville, Tennessee 37201

attyhigh@Bellsouth.Net

www.highlawoffice.com

February 21, 2013

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

SSC Andersonville Operating Company, LLC  
1 Ravinia Drive, Ste 1500  
Atlanta, GA 30346-2115

Re:	Deceased:	Bonnie Ellen Jones
	Date of Birth:	6/13/31
	Date of Death:	5/10/12
	SSN:	409-44-7088
	Our Clients:	Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones, for the wrongful death of Bonnie Ellen Jones Potential Claim for Healthcare Liability or Medical Malpractice Notice Required by T.C.A. §29-26-121(a)

Dear Sir or Madam:

Attorney K. Christopher Martin, P. O. Box 584, Clinton, TN 37717 and High Law Office, PLLC, are the attorneys representing Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for a claim for healthcare liability or medical malpractice and for the wrongful death of Bonnie Ellen Jones, on May 10, 2012, at your facility. Sandra Loveday is asserting a claim for healthcare liability or medical malpractice for the negligent treatment received by Bonnie Ellen Jones while at Norris Health & Rehabilitation Center, causing damages and injuries including her wrongful death on May 10, 2012. Our investigation reveals acts of negligence by the employees and staff of your facility, including negligently failure to administer, monitor and control the input of IV fluids into Ms. Jones on May 9, 2012 and May 10, 2012, resulting in fluid overload and her wrongful death on May 10, 2012.

These negligent acts and omissions occurred at Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, Tennessee 37705.



The full name and date of birth of the patient whose treatment is at issue is:

Patient: Bonnie Ellen Jones  
Date of Birth: 6/13/31  
Date of Death: 5/10/12  
SSN: 409-44-7088

The name and address of the claimant authorizing this notice and relationship to the patient is:

Sandra Elizabeth Loveday, Administrator of the Estate  
of Bonnie Ellen Jones (daughter of Bonnie Ellen Jones)  
204 Sailview Lane  
Clinton, TN 37716

The name and address of the attorney sending this notice is:

David E. High  
High Law Office, PLLC  
Court Square Building  
300 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37201

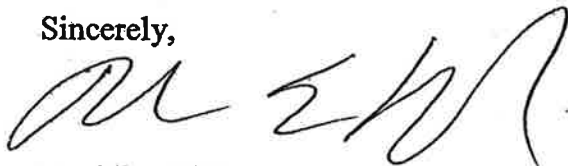
Enclosed herein is a list of the names and addresses of all providers being sent a notice.

Enclosed are HIPAA compliant medical authorizations permitting your corporation to obtain complete medical records from each other provider being sent a notice.

Also enclosed are copies of an Order Allowing the Appointment of Sandra Loveday Administrator of the Estate of Bonnie Ellen Jones, an Order Granting Letters of Administration, and a Letter of Administration.

Please send a copy of this correspondence and all enclosures to your professional liability insurance carrier and/or your legal counsel. I would appreciate hearing from your representative of your professional liability insurance carrier or your legal counsel as soon as possible.

Sincerely,



David E. High

DEH:mel  
Enclosures

**LIST OF NAMES AND ADDRESSES OF ALL PROVIDERS  
BEING SENT A NOTICE PURSUANT TO T.C.A. §29-26-121(a)**

Re:            Claimant:    Bonnie Ellen Jones  
                                  DOB:            6/13/31  
                                  DOD:            5/10/12  
                                  SSN#:          409-44-7088

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice:

1.        Norris Health & Rehabilitation Center  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
2.        SSC Andersonville Operating Company, LLC  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
3.        SSC Andersonville Operating Company, LLC  
          c/o CT Corporation Systems  
          800 South Gay Street, Ste 2021  
          Knoxville, TN 37929-9710
  
4.        SSC Andersonville Operating Company, LLC  
          1 Ravinia Drive, Ste 1500  
          Atlanta, GA 30346-2115

Each provider above is being sent a HIPAA compliant medical authorization permitting each to obtain complete medical records from each other.

**THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE**  
**CHANCERY DIVISION – PROBATE SECTION**

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

**ORDER GRANTING LETTERS OF ADMINISTRATION**

This cause came to be heard on February 5th, 2013, upon the Petition filed by the designated Personal Representative and sworn testimony of the Petitioner and witnesses. The findings of the Court:

- A. Decedent was a resident of Anderson County, Tennessee.
- B. Decedent died on 05-10-2012.
- C. Decedent left no Will.
- D. Sandra Loveday petitioned the Court to be appointed Administrator.
- E. That no bond is required.
- F. That the inventory for the Administrator is attached hereto.
- G. That Letters of Testamentary be issued to the Administrator upon her taking oath as prescribed by statute.
- H. That the Administrator administer the Estate in compliance with this Order and applicable laws of the State of Tennessee.

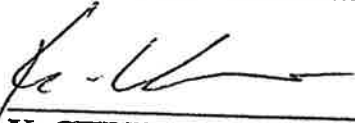
ENTER this the 11th day of FEB, 2013.

RECEIVED

JAN 24 2013

  
JUDGE WILLIAM LANTRIP

**APPROVED FOR ENTRY BY:**



**K. CHRISTOPHER MARTIN (23765)**  
**Attorney for the Estate**  
**P.O. Box 584.**  
**Clinton, TN 37717**  
**(865) 457-3446**

THE S. TENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION - PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER ALLOWING THE APPOINTMENT OF SANDRA LOVEDAY AS  
ADMINISTRATOR OF THE ESTATE OF BONNIE ELLEN JONES

This cause came on to be heard on the \_\_\_\_\_ day of \_\_\_\_\_, 2013,  
before the Honorable William Lantrip. Based upon the record as a whole, the Court is of the  
opinion that Sandra Loveday be appointed Administrator of the Estate of Bonnie Ellen Jones.

IT IS THEREFORE ORDERED, ADJUDGED and DECREED that Sandra Loveday  
be appointed Administrator of the Estate of Bonnie Ellen Jones.

ENTERED this the 11<sup>th</sup> day of Feb, 2013.

  
JUDGE WILLIAM LANTRIP

APPROVED FOR ENTRY BY:



K. CHRISTOPHER MARTIN (23765)  
Attorney for the Estate  
Post Office Box 584  
Clinton, TN 37717  
865-457-3446

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
PROBATE DIVISION

IN RE: THE ESTATE OF BONNIE ELLEN JONES, DECEASED

NO: 13PB0020

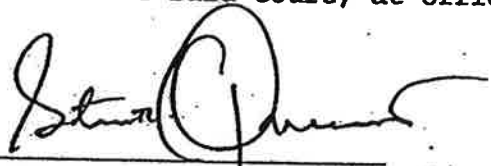
LETTER OF ADMINISTRATION

TO: SANDRA LOVEDAY

A CITIZEN OF ANDERSON COUNTY, TN

Whereas, It appears to the Court, now in session, that BONNIE ELLEN JONES died, leaving no will and the Court being satisfied as to your claim to the Administration, and you having given bond and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you; These are, therefore, to authorize and empower you, the said SANDRA LOVEDAY to take into your possession and control, all the goods, chattels, claims, and papers of the said intestate, and return a true and perfect inventory thereof to our next Chancery Probate Court, or within sixty (60) days from the date hereof; to collect and pay all debts, and to do and transact all the duties in relation to said estate which lawfully devolve on you and personal representative and after having settled up said estate, to deliver the residue thereof to those who have a right thereto.

Witness, Steve R. Queener, Clerk and Master of said Court, at office, this 11<sup>th</sup> of FEBRUARY, 2013.

  
CLERK AND MASTER

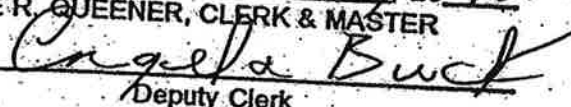
STATE OF TENNESSEE, ANDERSON COUNTY

I do solemnly swear that I will honestly and faithfully discharge the duties of Personal Representative of the estate of BONNIE ELLEN JONES according to law, to the best of my knowledge and ability. So help me God.

PER ATTACHED OATH  
PERSONAL REPRESENTATIVE

Subscribed and sworn to before me this the 11<sup>th</sup> day of  
FEBRUARY, 2013.

STATE OF TENNESSEE, ANDERSON COUNTY  
I hereby certify this document to be a true and exact copy of the original on file in this office, and same remains in full force and effect this the 19 day of February, 20 13  
STEVE R. QUEENER, CLERK & MASTER

BY:   
Deputy Clerk

  
CLERK AND MASTER



# HIPAA COMPLIANT

## Medical Records/Medical Billing Release Authorization

I hereby authorize NORRIS Health And Rehabilitation Center and its physicians, employees and agents to release or disclose to SSC Andersonville Operating Company LLC all of my billing information and/or documentation and all of my medical records including any specially protected records such as those relating to psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia, or HIV infection, etc. This Release covers any and all medical records whatsoever.

RELEASE RECORDS TO:

NAME:

SSC Andersonville Operating Company LLC

ADDRESS:

RAVINA Drive Suite 1500  
ATLANTA, Georgia

30346-2115

Patient's Name: BONNIE ELLEN JONES, deceased

Patient's SS#: 409-44-7088

Patient's Date Of Birth: 6/13/31

Which physician's records?: (All) Any Medical Records and/or Billing Information or other documents

Purpose of Disclosure: Compliance with T.C.A. §26-26-121.

1. All records/bills generated by the above-named healthcare provider, including records received from other sources: INITIALS: SLX
2. Only a portion of records/bills, specifically, dates of treatment, etc.: INITIALS: \_\_\_\_\_
3. All records/bills at this facility: INITIALS: \_\_\_\_\_

If you DO NOT WANT certain portions of your medical records released, please read this section carefully and initial the boxes for information you do not want released. Otherwise, our records will be released as specified above.

\* I authorize the above-named health care provider and its physicians, employees, and agents to release the information specified to the organization, agency, or individual named on this request with the exception of:

Initials: \_\_\_\_\_

\_\_\_\_ Substance Abuse, if any

Initials: \_\_\_\_\_

\_\_\_\_ Psychological or psychiatric conditions, if any

Initials: \_\_\_\_\_

\_\_\_\_ Aids/HIV/STD's, if any

This Authorization will expire on the occurrence of the settlement of claim or end of litigation.

\* I understand that I may revoke the Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the above-named healthcare provider or its physicians, employees, or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the above-named health care provider. I understand that I am not required to sign this Authorization. The above-named healthcare provider will not condition treatment, payment, enrollment, or eligibility for benefits on whether I provide this Authorization. I understand that my records may be subject to disclosure by the recipient and may no longer be protected by federal privacy regulations. I understand that this Authorization does not limit the above-named healthcare provider's or its physicians', employees' or agents' ability to use or disclose my information for treatment, payment, or healthcare operations, or as otherwise permitted by law.

Patient or Authorized Representative's Signature: Sandra E. Loveday

SANDRA E. LOVEDAY, ADMINISTRATOR OF

Date: 2-20-13

Relationship to patient: THE ESTATE OF BONNIE ELLEN JONES

Unless Otherwise Indicated, This Authorization Remains in Effect until settlement of claim or end of litigation.

A photocopy of the original of this Authorization shall serve in its stead.



# Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS for mailing. This form may be used for domestic and international mail.

From:

David E. High, Esq.  
HIGH LAW OFFICE, PLLC  
300 James Robertson Pkwy 2nd Fl  
Nashville, TN 37201

To:

SSC Andersonville Operating Compa  
c/o CT Corporation Systems  
800 South Gay Street, Ste 2021  
Knoxville, TN 37929-9710

PS Form 3817, April 2007 PSN 7530-02-000-9065

## U.S. Postal Service<sup>TM</sup> CERTIFIED MAIL<sup>TM</sup> RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

KNOXVILLE TN 37929

Postage	\$	\$3.10
Certified Fee		\$2.55
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	\$7.17

SSC Andersonville Operating Company, LLC  
c/o CT Corporation Systems  
800 South Gay Street, Ste 2021  
Knoxville, TN 37929-9710

PS Form 3800, August 2006

See Reverse for Instructions

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
SSC Andersonville Operating Company, LLC  
c/o CT Corporation Systems  
800 South Gay Street, Ste 2021  
Knoxville, TN 37929-9710

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*Erica Fry*

☐ Agent

☐ Addres

B. Received by (Printed Name)

FEB 21 2013

C. Date of Del

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ No

3. Service Type

☐ Certified Mail

☒ Express Mail

☐ Registered

☒ Return Receipt for Merchand

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7012 2210 0002 7412 4979

Domestic Return Receipt

102595-02-M-1



# HIGH LAW OFFICE, PLLC

DAVID E. HIGH

Attorney-At-Law

Rule 31, Listed General Civil Mediator

(615)256-1000

(615)256-1009 - Fax

300 James Robertson Parkway

Court Square Building, Second Floor

Nashville, Tennessee 37201

attyhigh@Bellsouth.Net

www.highlawoffice.com

February 21, 2013

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

SSC Andersonville Operating Company, LLC  
c/o CT Corporation Systems  
800 South Gay Street, Ste 2021  
Knoxville, TN 37929-9710

Re:	Deceased:	Bonnie Ellen Jones
	Date of Birth:	6/13/31
	Date of Death:	5/10/12
	SSN:	409-44-7088
	Our Clients:	Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for the wrongful death of Bonnie Ellen Jones Potential Claim for Healthcare Liability or Medical Malpractice Notice Required by T.C.A. §29-26-121(a)

Dear Sir or Madam:

You are listed as the agent for service of process for SSC Andersonville Operating Company, LLC, which is the owner of Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, TN 37705. Attorney K. Christopher Martin, P. O. Box 584, Clinton, TN 37717 and High Law Office, PLLC, are the attorneys representing Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for a claim for healthcare liability or medical malpractice and for the wrongful death of Bonnie Ellen Jones, on May 10, 2012, at your facility. Sandra Loveday is asserting a claim for healthcare liability or medical malpractice for the negligent treatment received by Bonnie Ellen Jones while at Norris Health & Rehabilitation Center, causing damages and injuries including her wrongful death on May 10, 2012. Our investigation reveals acts of negligence by the employees and staff of your facility, including negligently failure to administer, monitor and control the input of IV fluids into Ms. Jones on May 9, 2012 and May 10, 2012, resulting in fluid overload and her wrongful death on May 10, 2012.

These negligent acts and omissions occurred at Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, Tennessee 37705.

SSC Andersonville Operating Company, LLC  
c/o CT Corporation Systems  
February 21, 2013  
Page 2

The full name and date of birth of the patient whose treatment is at issue is:

Patient: Bonnie Ellen Jones  
Date of Birth: 6/13/31  
Date of Death: 5/10/12  
SSN: 409-44-7088

The name and address of the claimant authorizing this notice and relationship to the patient is:

Sandra Loveday, Administrator of the Estate  
of Bonnie Ellen Jones (daughter of Bonnie Ellen Jones)  
204 Sailview Lane  
Clinton, TN 37716

The name and address of the attorney sending this notice is:

David E. High  
High Law Office, PLLC  
Court Square Building  
300 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37201

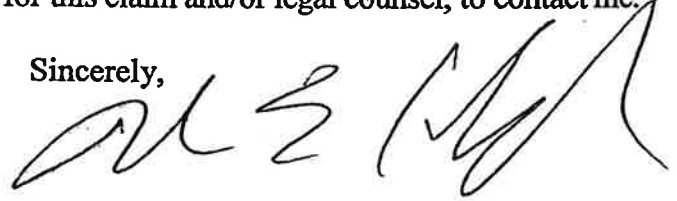
Enclosed herein is a list of the names and addresses of all providers being sent a notice.

Enclosed are HIPAA compliant medical authorizations permitting your corporation to obtain complete medical records from each other provider being sent a notice.

Also enclosed are copies of an Order Allowing the Appointment of Sandra Loveday Administrator of the Estate of Bonnie Ellen Jones, an Order Granting Letters of Administration, and a Letter of Administration.

Please send a copy of this correspondence and all enclosures to the appropriate individuals at Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, TN 37705 and SSC Andersonville Operating Company, LLC, 3382 Andersonville HWY, Andersonville, TN 37705 and to the professional liability insurance carrier and/or legal counsel of said Rehabilitation Center and said limited liability corporation for this claim and/or legal counsel, to contact me.

Sincerely,



David E. High

DEH:mel  
Enclosures

**LIST OF NAMES AND ADDRESSES OF ALL PROVIDERS  
BEING SENT A NOTICE PURSUANT TO T.C.A. §29-26-121(a)**

Re:            Claimant:    Bonnie Ellen Jones  
                                  DOB:            6/13/31  
                                  DOD:            5/10/12  
                                  SSN#:          409-44-7088

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice:

1.        Norris Health & Rehabilitation Center  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
2.        SSC Andersonville Operating Company, LLC  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
3.        SSC Andersonville Operating Company, LLC  
          c/o CT Corporation Systems  
          800 South Gay Street, Ste 2021  
          Knoxville, TN 37929-9710
  
4.        SSC Andersonville Operating Company, LLC  
          1 Ravinia Drive, Ste 1500  
          Atlanta, GA 30346-2115

Each provider above is being sent a HIPAA compliant medical authorization permitting each to obtain complete medical records from each other.

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION – PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020


ORDER GRANTING LETTERS OF ADMINISTRATION

This cause came to be heard on February 11<sup>th</sup>, 2013, upon the Petition filed by the designated Personal Representative and sworn testimony of the Petitioner and witnesses. The findings of the Court:

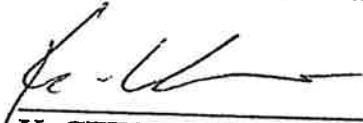
- A. Decedent was a resident of Anderson County, Tennessee.
- B. Decedent died on 05-10-2012.
- C. Decedent left no Will.
- D. Sandra Loveday petitioned the Court to be appointed Administrator.
- E. That no bond is required.
- F. That the inventory for the Administrator is attached hereto.
- G. That Letters of Testamentary be issued to the Administrator upon her taking oath as prescribed by statute.
- H. That the Administrator administer the Estate in compliance with this Order and applicable laws of the State of Tennessee.

ENTER this the 11<sup>th</sup> day of Feb, 2013.

RECEIVED  
JAN 24 2013

  
JUDGE WILLIAM LANTRIP

**APPROVED FOR ENTRY BY:**



**K. CHRISTOPHER MARTIN (23765)**  
**Attorney for the Estate**  
**P.O. Box 584.**  
**Clinton, TN 37717**  
**(865) 457-3446**

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION – PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER ALLOWING THE APPOINTMENT OF SANDRA LOVEDAY AS  
ADMINISTRATOR OF THE ESTATE OF BONNIE ELLEN JONES

This cause came on to be heard on the \_\_\_\_\_ day of \_\_\_\_\_ 2013,  
before the Honorable William Lantrip. Based upon the record as a whole, the Court is of the  
opinion that Sandra Loveday be appointed Administrator of the Estate of Bonnie Ellen Jones.

IT IS THEREFORE ORDERED, ADJUDGED and DECREED that Sandra Loveday  
be appointed Administrator of the Estate of Bonnie Ellen Jones.

ENTERED this the 11<sup>th</sup> day of Feb, 2013.

  
JUDGE WILLIAM LANTRIP

APPROVED FOR ENTRY BY:



K. CHRISTOPHER MARTIN (23765)  
Attorney for the Estate  
Post Office Box 584  
Clinton, TN 37717  
865-457-3446

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
PROBATE DIVISION

IN RE: THE ESTATE OF BONNIE ELLEN JONES, DECEASED

NO: 13PB0020

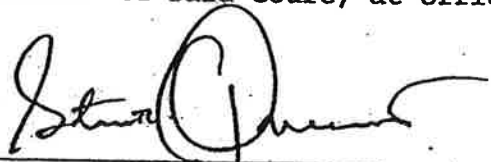
LETTER OF ADMINISTRATION

TO: SANDRA LOVEDAY

A CITIZEN OF ANDERSON COUNTY, TN

Whereas, It appears to the Court, now in session, that BONNIE ELLEN JONES died, leaving no will and the Court being satisfied as to your claim to the Administration, and you having given bond and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you; These are, therefore, to authorize and empower you, the said SANDRA LOVEDAY to take into your possession and control, all the goods, chattels, claims, and papers of the said intestate, and return a true and perfect inventory thereof to our next Chancery Probate Court, or within sixty (60) days from the date hereof; to collect and pay all debts, and to do and transact all the duties in relation to said estate which lawfully devolve on you and personal representative and after having settled up said estate, to deliver the residue thereof to those who have a right thereto.

Witness, Steve R. Queener, Clerk and Master of said Court, at office, this 11<sup>th</sup> of FEBRUARY, 2013.

  
CLERK AND MASTER

STATE OF TENNESSEE, ANDERSON COUNTY

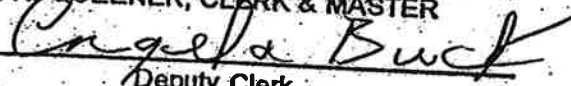
I do solemnly swear that I will honestly and faithfully discharge the duties of Personal Representative of the estate of BONNIE ELLEN JONES according to law, to the best of my knowledge and ability. So help me God.


PER ATTACHED OATH  
PERSONAL REPRESENTATIVE

Subscribed and sworn to before me this the 11<sup>th</sup> day of  
FEBRUARY, 2013.



STATE OF TENNESSEE, ANDERSON COUNTY  
I hereby certify this document to be a true and exact copy of the original on file in this office, and same remains in full force and effect this the 19<sup>th</sup> day of February, 2013  
STEVE R. QUEENER, CLERK & MASTER

BY:   
Deputy Clerk

  
CLERK AND MASTER

# HIPAA COMPLIANT

## Medical Records/Medical Billing Release Authorization

I hereby authorize Noar's Health And Rehabilitation Center and its physicians, employees and agents to release or disclose to SSC Andersonville Operating Company LLC all of my billing information and/or documentation and all of my medical records including any specially protected records such as those relating to psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia, or HIV infection, etc. This Release covers any and all medical records whatsoever.

RELEASE RECORDS TO: NAME: SSC Andersonville Operating Company LLC  
ADDRESS: 40 C.T. Corporation, Systems  
800 South Gay Street, Suite 2012  
KNOXVILLE, TENN. 37929-9710

Patient's Name: BONNIE ELLEN JONES, deceased

Patient's SS#: 409-44-7088

Patient's Date Of Birth: 6/13/31

Which physician's records?: (All) Any Medical Records and/or Billing Information or other documents

Purpose of Disclosure: Compliance with T.C.A. §26-26-121.

1. All records/bills generated by the above-named healthcare provider, including records received from other sources: INITIALS: SLX
2. Only a portion of records/bills, specifically, dates of treatment, etc.: INITIALS: \_\_\_\_\_
3. All records/bills at this facility... INITIALS: \_\_\_\_\_

**If you DO NOT WANT certain portions of your medical records released, please read this section carefully and initial the boxes for information you do not want released. Otherwise, our records will be released as specified above.**

\* I authorize the above-named health care provider and its physicians, employees, and agents to release the information specified to the organization, agency, or individual named on this request with the exception of:

Initials: \_\_\_\_\_  
Substance Abuse, if any

Initials: \_\_\_\_\_  
Psychological or psychiatric conditions, if any

Initials: \_\_\_\_\_  
Aids/HIV/STD's, if any

This Authorization will expire on the occurrence of the settlement of claim or end of litigation.

\* I understand that I may revoke the Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the above-named healthcare provider or its physicians, employees, or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the above-named health care provider. I understand that I am not required to sign this Authorization. The above-named healthcare provider will not condition treatment, payment, enrollment, or eligibility for benefits on whether I provide this Authorization. I understand that my records may be subject to disclosure by the recipient and may no longer be protected by federal privacy regulations. I understand that this Authorization does not limit the above-named healthcare provider's or its physicians', employees' or agents' ability to use or disclose my information for treatment, payment, or healthcare operations, or as otherwise permitted by law.

Patient or Authorized Representative's Signature: Sandra E. Loveday  
SANDRA E. LOVEDAY, ADMINISTRATOR OF

Date: 2-20-13

Relationship to patient: THE ESTATE OF BONNIE ELLEN JONES

Unless Otherwise Indicated, This Authorization Remains In Effect until settlement of claim or end of litigation.  
A photocopy of the original of this Authorization shall serve in its stead.





# Certificate of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS for mailing.  
This form may be used for domestic and international mail.

From:

David E. High., Esq.  
HIGH LAW OFFICE, PLLC  
300 James Robertson Pkwy, 2nd F  
Nashville, TN 37201

To:

Norris Health & Rehabilitation  
ATTN: Nursing Home Administrator  
3382 Andersonville HWY  
Andersonville, TN 37705

PS Form 3817, April 2007 PSN 7530-02-000-9065

See Reverse for Instructions

Andersonville, TN 37705

3382 Andersonville HWY

Norris Health & Rehabilitation Ctr

Street, Apt. No. or PO Box No.

Postage \$ 3.10

Certified Fee \$ 2.55

Return Receipt Fee \$ 0.00

Restricted Delivery Fee \$ 0.00

Endorsement Required

Total Postage & Fees \$ 5.65

02/21/2013

NASHVILLE TN 37201

OFFICIAL USE

For delivery information visit our website at www.usps.com

ANDERSONVILLE TN 37705

CERTIFIED MAIL<sup>TM</sup> RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <i>Holly Golden</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Holly Golden</i></p> <p>C. Date of Delivery <i>2-25-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
1. Article Addressed to: Norris Health & Rehabilitation Ctr ATTN: Nursing Home Administrator 3382 Andersonville HWY Andersonville, TN 37705		3. Service Type <input type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

7012 2210 0002 7412 4993

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M

# HIGH LAW OFFICE, PLLC

DAVID E. HIGH

Attorney-At-Law

Rule 31, Listed General Civil Mediator

(615)256-1000

(615)256-1009 - Fax

300 James Robertson Parkway

Court Square Building, Second Floor

Nashville, Tennessee 37201

attyhigh@Bellsouth.Net

www.highlawoffice.com

February 21, 2013

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Norris Health & Rehabilitation Center  
ATTN: Nursing Home Administrator  
3382 Andersonville HWY  
Andersonville, TN 37705

Re:	Deceased:	Bonnie Ellen Jones
	Date of Birth:	6/13/31
	Date of Death:	5/10/12
	SSN:	409-44-7088
	Our Clients:	Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for the wrongful death of Bonnie Ellen Jones Potential Claim for Healthcare Liability or Medical Malpractice Notice Required by T.C.A. §29-26-121(a)

Dear Sir or Madam:

Attorney K. Christopher Martin, P. O. Box 584, Clinton, TN 37717 and High Law Office, PLLC, are the attorneys representing Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for a claim for healthcare liability or medical malpractice and for the wrongful death of Bonnie Ellen Jones, on May 10, 2012, at your facility. Sandra Loveday is asserting a claim for healthcare liability or medical malpractice for the negligent treatment received by Bonnie Ellen Jones while at Norris Health & Rehabilitation Center, causing damages and injuries including her wrongful death on May 10, 2012. Our investigation reveals acts of negligence by the employees and staff of your facility, including negligently failure to administer, monitor and control the input of IV fluids into Ms. Jones on May 9, 2012 and May 10, 2012, resulting in fluid overload and her wrongful death on May 10, 2012.

These negligent acts and omissions occurred at Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, Tennessee 37705.

The full name and date of birth of the patient whose treatment is at issue is:

Patient: Bonnie Ellen Jones  
Date of Birth: 6/13/31  
Date of Death: 5/10/12  
SSN: 409-44-7088

The name and address of the claimant authorizing this notice and relationship to the patient is:

Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones  
204 Sailview Lane  
Clinton, TN 37716

The name and address of the attorney sending this notice is:

David E. High  
High Law Office, PLLC  
Court Square Building  
300 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37201

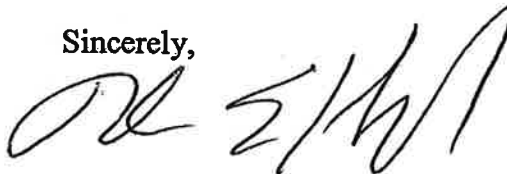
Enclosed herein is a list of the names and addresses of all providers being sent a notice.

Enclosed are HIPAA compliant medical authorizations permitting your corporation to obtain complete medical records from each other provider being sent a notice.

Also enclosed are copies of an Order Allowing the Appointment of Sandra Loveday Administrator of the Estate of Bonnie Ellen Jones, an Order Granting Letters of Administration, and a Letter of Administration.

Please send a copy of this correspondence and all enclosures to your professional liability insurance carrier and/or your legal counsel. I would appreciate hearing from your representative of your professional liability insurance carrier or your legal counsel as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read 'DEH', followed by a large, stylized flourish or scribble.

David E. High

DEH:mel  
Enclosure

cc: SSC Andersonville Operating Company, LLC

**LIST OF NAMES AND ADDRESSES OF ALL PROVIDERS  
BEING SENT A NOTICE PURSUANT TO T.C.A. §29-26-121(a)**

Re:            Claimant:    Bonnie Ellen Jones  
                                  DOB:            6/13/31  
                                  DOD:            5/10/12  
                                  SSN#:          409-44-7088

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice:

1.        Norris Health & Rehabilitation Center  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
2.        SSC Andersonville Operating Company, LLC  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
3.        SSC Andersonville Operating Company, LLC  
          c/o CT Corporation Systems  
          800 South Gay Street, Ste 2021  
          Knoxville, TN 37929-9710
  
4.        SSC Andersonville Operating Company, LLC  
          1 Ravinia Drive, Ste 1500  
          Atlanta, GA 30346-2115

Each provider above is being sent a HIPAA compliant medical authorization permitting each to obtain complete medical records from each other.

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION – PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER GRANTING LETTERS OF ADMINISTRATION

This cause came to be heard on February 11<sup>th</sup>, 2013, upon the Petition filed by the designated Personal Representative and sworn testimony of the Petitioner and witnesses. The findings of the Court:

- A. Decedent was a resident of Anderson County, Tennessee.
- B. Decedent died on 05-10-2012.
- C. Decedent left no Will.
- D. Sandra Loveday petitioned the Court to be appointed Administrator.
- E. That no bond is required.
- F. That the inventory for the Administrator is attached hereto.
- G. That Letters of Testamentary be issued to the Administrator upon her taking oath as prescribed by statute.
- H. That the Administrator administer the Estate in compliance with this Order and all applicable laws of the State of Tennessee.

ENTER this the 11<sup>th</sup> day of FEB, 2013.

RECEIVED

JAN 24 2013

  
JUDGE WILLIAM LANTRIP

**APPROVED FOR ENTRY BY:**



**K. CHRISTOPHER MARTIN (23765)**  
**Attorney for the Estate**  
**P.O. Box 584.**  
**Clinton, TN 37717**  
**(865) 457-3446**

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION – PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER ALLOWING THE APPOINTMENT OF SANDRA LOVEDAY AS  
ADMINISTRATOR OF THE ESTATE OF BONNIE ELLEN JONES

This cause came on to be heard on the \_\_\_\_\_ day of \_\_\_\_\_, 2013,  
before the Honorable William Lantrip. Based upon the record as a whole, the Court is of the  
opinion that Sandra Loveday be appointed Administrator of the Estate of Bonnie Ellen Jones.

IT IS THEREFORE ORDERED, ADJUDGED and DECREED that Sandra Loveday  
be appointed Administrator of the Estate of Bonnie Ellen Jones.

ENTERED this the 11<sup>th</sup> day of Feb, 2013.

  
JUDGE WILLIAM LANTRIP

APPROVED FOR ENTRY BY:



K. CHRISTOPHER MARTIN (23765)  
Attorney for the Estate  
Post Office Box 584  
Clinton, TN 37717  
865-457-3446

IN THE SEVENTH JUDICIAL DISTRICT FOR STATE OF TENNESSEE  
PROBATE DIVISION

IN RE: THE ESTATE OF BONNIE ELLEN JONES, DECEASED

NO: 13PB0020

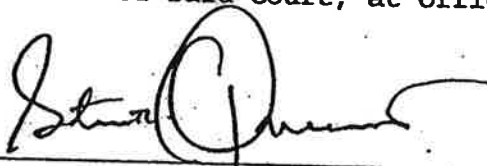
LETTER OF ADMINISTRATION

TO: SANDRA LOVEDAY

A CITIZEN OF ANDERSON COUNTY, TN

Whereas, It appears to the Court, now in session, that BONNIE ELLEN JONES died, leaving no will and the Court being satisfied as to your claim to the Administration, and you having given bond and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you; These are, therefore, to authorize and empower you, the said SANDRA LOVEDAY to take into your possession and control, all the goods, chattels, claims, and papers of the said intestate, and return a true and perfect inventory thereof to our next Chancery Probate Court, or within sixty (60) days from the date hereof; to collect and pay all debts, and to do and transact all the duties in relation to said estate which lawfully devolve on you and personal representative and after having settled up said estate, to deliver the residue thereof to those who have a right thereto.

Witness, Steve R. Queener, Clerk and Master of said Court, at office, this 11<sup>th</sup> of FEBRUARY, 2013.

  
CLERK AND MASTER

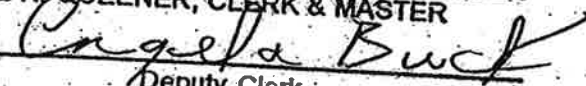
STATE OF TENNESSEE, ANDERSON COUNTY

I do solemnly swear that I will honestly and faithfully discharge the duties of Personal Representative of the estate of BONNIE ELLEN JONES according to law, to the best of my knowledge and ability. So help me God.

PER ATTACHED OATH  
PERSONAL REPRESENTATIVE

Subscribed and sworn to before me this the 11<sup>th</sup> day of  
FEBRUARY, 2013.

STATE OF TENNESSEE, ANDERSON COUNTY  
I hereby certify this document to be a true and exact copy of the original on file in this office, and same remains in full force and effect this the 19<sup>th</sup> day of February, 20 13  
STEVE R. QUEENER, CLERK & MASTER

BY:   
Deputy Clerk

  
CLERK AND MASTER





# HIPAA COMPLIANT

## Medical Records/Medical Billing Release Authorization

I hereby authorize SS C Andersonville Operating Company LLC and its physicians, employees and agents to release or disclose to Norris Health And Rehabilitation Center all of my billing information and/or documentation and all of my medical records including any specially protected records such as those relating to psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia, or HIV infection, etc. This Release covers any and all medical records whatsoever.

RELEASE RECORDS TO:

NAME:

ADDRESS:

Norris Health And Rehabilitation Center  
3382 Andersonville Hwy.  
Andersonville TN 37705

Patient's Name: BONNIE ELLEN JONES, deceased

Patient's SS#: 409-44-7088

Patient's Date Of Birth: 6/13/31

Which physician's records?: (All) Any Medical Records and/or Billing Information or other documents

Purpose of Disclosure: Compliance with T.C.A. §26-26-121.

1. All records/bills generated by the above-named healthcare provider, including records received from other sources: INITIALS: SLX
2. Only a portion of records/bills, specifically, dates of treatment, etc.: INITIALS: \_\_\_\_\_
3. All records/bills at this facility: INITIALS: \_\_\_\_\_

If you DO NOT WANT certain portions of your medical records released, please read this section carefully and initial the boxes for information you do not want released. Otherwise, our records will be released as specified above.

\* I authorize the above-named health care provider and its physicians, employees, and agents to release the information specified to the organization, agency, or individual named on this request with the exception of:

Initials:

Substance Abuse, if any

Initials:

Psychological or psychiatric conditions, if any

Initials:

Aids/HIV/STD's, if any

This Authorization will expire on the occurrence of the settlement of claim or end of litigation.

\* I understand that I may revoke the Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the above-named healthcare provider or its physicians, employees, or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the above-named health care provider. I understand that I am not required to sign this Authorization. The above-named healthcare provider will not condition treatment, payment, enrollment, or eligibility for benefits on whether I provide this Authorization. I understand that my records may be subject to disclosure by the recipient and may no longer be protected by federal privacy regulations. I understand that this Authorization does not limit the above-named healthcare provider's or its physicians', employees' or agents' ability to use or disclose my information for treatment, payment, or healthcare operations, or as otherwise permitted by law.

Patient or Authorized Representative's Signature: Sandra E. Loveday

SANDRA E. LOVEDAY, ADMINISTRATOR OF

Date: 2-20-13

Relationship to patient: THE ESTATE OF BONNIE ELLEN JONES

Unless Otherwise Indicated, This Authorization Remains In Effect until settlement of claim or end of litigation.  
A photocopy of the original of this Authorization shall serve in its stead.

## IN THE CIRCUIT COURT FOR ANDERSON COUNTY, TENNESSEE

SANDRA LOVEDAY, Administrator of the )  
 Estate of BONNIE ELLEN JONES and )  
 SANDRA LOVEDAY, individually and as next )  
 of kin and for the wrongful death of BONNIE )  
 ELLEN JONES, )

Plaintiffs, )

v. )

SSC ANDERSONVILLE OPERATING )  
 COMPANY, LLC d/b/a NORRIS HEALTH AND )  
 REHABILITATION CENTER, )

Defendants. )

No.: \_\_\_\_\_  
 JURY DEMAND

AFFIDAVIT OF ARTHUR C. EARLS IV

STATE OF TENNESSEE )  
 COUNTY OF DAVIDSON )

Notice required by T.C.A. §29-26-121(a).

ARTHUR C. EARLS IV, being first duly sworn states the following:

1. I have personal knowledge of the matters stated in this Affidavit.
2. I am employed at High Law Office, PLLC, as a law clerk.
3. On February 21, 2013, I mailed the attached four letters certified mail, return receipt requested and obtained the attached certificates of mailing for each letter. The attached certified letters to SSC Andersonville Operating Company, LLC were mailed to their business addresses located at 3382 Andersonville Highway, Andersonville, TN 37705-3816 and to their Atlanta, Georgia business address located at 1 Ravinia Drive, Ste 1500, Atlanta, GA 30346-2115 and to their agent for service of process, CT Corporation System, 800 South Gay Street, Ste 2021, Knoxville, TN 37929-9710. Also, the attached certified letter to Norris Health and Rehabilitation Center was mailed to its business address located at 3382 Andersonville Highway,

Andersonville, TN 37705-3816. I obtained certificates of mailing for all four letters.

Thereafter, the attached return receipts were received back at High Law Office, PLLC. (See attached).


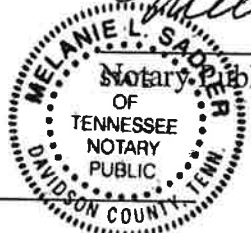
4. Copies of the certified mail receipts, certificates of mailing and the four letters and attachments are attached to my Affidavit. These letters were all mailed by me as described on February 21, 2013.

This the 1<sup>st</sup> day of May 2013.

FURTHER this affiant saith not.

  
ARTHUR C. EARLS IV

SWORN TO AND SUBSCRIBED before me on this the 1<sup>st</sup> day of May 2013.

My Commission Expires:

My Commission Expires JULY 8, 2013



This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing.  
This form may be used for domestic and international mail.

### Certificate Of Mailing

From: **David E. High, Esq.**  
**HIGH LAW OFFICE, PLLC**  
**300 James Robertson Pkwy, 2nd Floor**  
**Nashville, TN 37201**

To: **SSC Andersonville Operating Co.**  
**3383 Andersonville HWY**  
**Andersonville, TN 37705**



PS Form 3817, April 2007 PSN 7530-02-000-9065

### U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

ANDERSONVILLE TN 37705

OFFICIAL USE

Postage	\$	\$1.12
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	\$7.17

Sent To: **SSC Andersonville Operating Co., LLC**  
**3383 Andersonville HWY - 37219**  
or PO Box No.  
**Andersonville, TN 37705**  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

#### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:  
**SSC Andersonville Operating Co.**  
**3383 Andersonville HWY**  
**Andersonville, TN 37705**

#### COMPLETE THIS SECTION ON DELIVERY

A. Signature *Holly Holder* ☒ Agent ☐ Addressee  
B. Received by (Printed Name) *Holly Holder*  
C. Date of Delivery *2-25-13*  
D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

3. Service Type  
☐ Certified Mail ☒ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

# HIGH LAW OFFICE, PLLC

DAVID E. HIGH

Attorney-At-Law

Rule 31, Listed General Civil Mediator

(615)256-1000

(615)256-1009 - Fax

300 James Robertson Parkway

Court Square Building, Second Floor

Nashville, Tennessee 37201

attyhigh@Bellsouth.Net

www.highlawoffice.com

February 21, 2013

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

SSC Andersonville Operating Company, LLC  
3382 Andersonville HWY  
Andersonville, TN 37705

Re:	Deceased:	Bonnie Ellen Jones
	Date of Birth:	6/13/31
	Date of Death:	5/10/12
	SSN:	409-44-7088
	Our Clients:	Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones, for the wrongful death of Bonnie Ellen Jones Potential Claim for Healthcare Liability or Medical Malpractice Notice Required by T.C.A. §29-26-121(a)

Dear Sir or Madam:

Attorney K. Christopher Martin, P. O. Box 584, Clinton, TN 37717 and High Law Office, PLLC, are the attorneys representing Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for a claim for healthcare liability or medical malpractice and for the wrongful death of Bonnie Ellen Jones, on May 10, 2012, at your facility. Sandra Loveday is asserting a claim for healthcare liability or medical malpractice for the negligent treatment received by Bonnie Ellen Jones while at Norris Health & Rehabilitation Center, causing damages and injuries including her wrongful death on May 10, 2012. Our investigation reveals acts of negligence by the employees and staff of your facility, including negligently failure to administer, monitor and control the input of IV fluids into Ms. Jones on May 9, 2012 and May 10, 2012, resulting in fluid overload and her wrongful death on May 10, 2012.

These negligent acts and omissions occurred at Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, Tennessee 37705.

The full name and date of birth of the patient whose treatment is at issue is:

Patient:	Bonnie Ellen Jones
Date of Birth:	6/13/31
Date of Death:	5/10/12
SSN:	409-44-7088

The name and address of the claimant authorizing this notice and relationship to the patient is:

Sandra Loveday, Administrator of the Estate  
of Bonnie Ellen Jones (Daughter of Bonnie Ellen Jones)  
204 Sailview Lane  
Clinton, TN 37716

The name and address of the attorney sending this notice is:

David E. High  
High Law Office, PLLC  
Court Square Building  
300 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37201

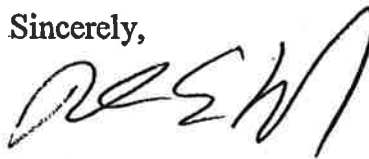
Enclosed herein is a list of the names and addresses of all providers being sent a notice.

Enclosed are HIPAA compliant medical authorizations permitting your corporation to obtain complete medical records from each other provider being sent a notice.

Also enclosed are copies of an Order Allowing the Appointment of Sandra Loveday Administrator of the Estate of Bonnie Ellen Jones, an Order Granting Letters of Administration, and a Letter of Administration.

Please send a copy of this correspondence and all enclosures to your professional liability insurance carrier and/or your legal counsel. I would appreciate hearing from your representative of your professional liability insurance carrier or your legal counsel as soon as possible.

Sincerely,



David E. High

DEH:mel  
Enclosures  
cc: Norris Health & Rehabilitation Center

**LIST OF NAMES AND ADDRESSES OF ALL PROVIDERS  
BEING SENT A NOTICE PURSUANT TO T.C.A. §29-26-121(a)**

Re:            Claimant:    Bonnie Ellen Jones  
                                  DOB:            6/13/31  
                                  DOD:            5/10/12  
                                  SSN#:          409-44-7088

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice:

1.     Norris Health & Rehabilitation Center  
       3382 Andersonville HWY  
       Andersonville, TN 37705
  
2.     SSC Andersonville Operating Company, LLC  
       3382 Andersonville HWY  
       Andersonville, TN 37705
  
3.     SSC Andersonville Operating Company, LLC  
       c/o CT Corporation Systems  
       800 South Gay Street, Ste 2021  
       Knoxville, TN 37929-9710
  
4.     ~~SSC Andersonville Operating Company, LLC~~  
       1 Ravinia Drive, Ste 1500  
       Atlanta, GA 30346-2115

Each provider above is being sent a HIPAA compliant medical authorization permitting each to obtain complete medical records from each other.

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION - PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER GRANTING LETTERS OF ADMINISTRATION

This cause came to be heard on February 11<sup>th</sup>, 2013, upon the Petition filed by the designated Personal Representative and sworn testimony of the Petitioner and witnesses. The findings of the Court:


- A. Decedent was a resident of Anderson County, Tennessee.
- B. Decedent died on 05-10-2012.
- C. Decedent left no Will.
- D. Sandra Loveday petitioned the Court to be appointed Administrator.
- E. That no bond is required.
- F. That the inventory for the Administrator is attached hereto.
- G. That Letters of Testamentary be issued to the Administrator upon her taking oath as prescribed by statute.
- H. That the Administrator administer the Estate in compliance with this Order and all applicable laws of the State of Tennessee.

ENTER this the 11<sup>th</sup> day of FEB, 2013.

RECEIVED

JAN 24 2013



  
JUDGE WILLIAM LANTRIP

**APPROVED FOR ENTRY BY:**



**K. CHRISTOPHER MARTIN (23765)**

**Attorney for the Estate**

**P.O. Box 584.**

**Clinton, TN 37717**

**(865) 457-3446**

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION - PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER ALLOWING THE APPOINTMENT OF SANDRA LOVEDAY AS  
ADMINISTRATOR OF THE ESTATE OF BONNIE ELLEN JONES

This cause came on to be heard on the \_\_\_\_\_ day of \_\_\_\_\_, 2013,  
before the Honorable William Lantrip. Based upon the record as a whole, the Court is of the  
opinion that Sandra Loveday be appointed Administrator of the Estate of Bonnie Ellen Jones.

IT IS THEREFORE ORDERED, ADJUDGED and DECREED that Sandra Loveday  
be appointed Administrator of the Estate of Bonnie Ellen Jones.

ENTERED this the 11<sup>th</sup> day of Feb, 2013.

  
JUDGE WILLIAM LANTRIP

APPROVED FOR ENTRY BY:



K. CHRISTOPHER MARTIN (23765)  
Attorney for the Estate  
Post Office Box 584  
Clinton, TN 37717  
865-457-3446

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
PROBATE DIVISION

IN RE: THE ESTATE OF BONNIE ELLEN JONES, DECEASED

NO: 13PB0020


LETTER OF ADMINISTRATION

TO: SANDRA LOVEDAY

A CITIZEN OF ANDERSON COUNTY, TN

Whereas, It appears to the Court, now in session, that BONNIE ELLEN JONES died, leaving no will and the Court being satisfied as to your claim to the Administration, and you having given bond and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you; These are, therefore, to authorize and empower you, the said SANDRA LOVEDAY to take into your possession and control, all the goods, chattels, claims, and papers of the said intestate, and return a true and perfect inventory thereof to our next Chancery Probate Court, or within sixty (60) days from the date hereof; to collect and pay all debts, and to do and transact all the duties in relation to said estate which lawfully devolve on you and personal representative and after having settled up said estate, to deliver the residue thereof to those who have a right thereto.

Witness, Steve R. Queener, Clerk and Master of said Court, at office, this 11<sup>th</sup> of FEBRUARY, 2013.

  
CLERK AND MASTER

STATE OF TENNESSEE, ANDERSON COUNTY


I do solemnly swear that I will honestly and faithfully discharge the duties of Personal Representative of the estate of BONNIE ELLEN JONES according to law, to the best of my knowledge and ability. So help me God.

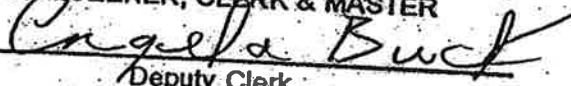
PER ATTACHED OATH  
PERSONAL REPRESENTATIVE

Subscribed and sworn to before me this the 11<sup>th</sup> day of FEBRUARY, 2013.



STATE OF TENNESSEE, ANDERSON COUNTY  
I hereby certify this document to be a true and exact copy of the original on file in this office, and same remains in full force and effect this the 19<sup>th</sup> day of February, 2013  
STEVE R. QUEENER, CLERK & MASTER

  
CLERK AND MASTER

BY:   
Deputy Clerk

# HIPAA COMPLIANT

## Medical Records/Medical Billing Release Authorization

I hereby authorize Norris Health And Rehabilitation Center and its physicians, employees and agents to release or disclose to SSC Andersonville Operating Company LLC all of my billing information and/or documentation and all of my medical records including any specially protected records such as those relating to psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia, or HIV infection, etc. This Release covers any and all medical records whatsoever.

### RELEASE RECORDS TO:

NAME: SSC Andersonville Operating Company LLC  
ADDRESS: 3382 Andersonville Hwy.  
Andersonville, Tenn. 37205

Patient's Name: BONNIE ELLEN JONES, deceased

Patient's SS#: 409-44-7088

Patient's Date Of Birth: 6/13/31

Which physician's records?: (All) Any Medical Records and/or Billing Information or other documents

Purpose of Disclosure: Compliance with T.C.A. §26-26-121.

1. All records/bills generated by the above-named healthcare provider, including records received from other sources: INITIALS: SLX
2. Only a portion of records/bills, specifically, dates of treatment, etc.: INITIALS: \_\_\_\_\_
3. All records/bills at this facility... INITIALS: \_\_\_\_\_

**If you DO NOT WANT certain portions of your medical records released, please read this section carefully and initial the boxes for information you do not want released. Otherwise, our records will be released as specified above.**

\* I authorize the above-named health care provider and its physicians, employees, and agents to release the information specified to the organization, agency, or individual named on this request with the exception of:

Initials: \_\_\_\_\_  
Substance Abuse, if any

Initials: \_\_\_\_\_  
Psychological or psychiatric conditions, if any

Initials: \_\_\_\_\_  
Aids/HIV/STD's, if any

This Authorization will expire on the occurrence of the settlement of claim or end of litigation.

\* I understand that I may revoke the Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the above-named healthcare provider or its physicians, employees, or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the above-named health care provider. I understand that I am not required to sign this Authorization. The above-named healthcare provider will not condition treatment, payment, enrollment, or eligibility for benefits on whether I provide this Authorization. I understand that my records may be subject to disclosure by the recipient and may no longer be protected by federal privacy regulations. I understand that this Authorization does not limit the above-named healthcare provider's or its physicians', employees' or agents' ability to use or disclose my information for treatment, payment, or healthcare operations, or as otherwise permitted by law.

Patient or Authorized Representative's Signature: Sandra E. Loveday  
SANDRA E. LOVEDAY, ADMINISTRATOR OF

Date: 2-20-13

Relationship to patient: THE ESTATE OF BONNIE ELLEN JONES

Unless Otherwise Indicated, This Authorization Remains in Effect until settlement of claim or end of litigation.  
A photocopy of the original of this Authorization shall serve in its stead.



# Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:

David E. High, Esq.

HIGH LAW OFFICE, PLLC

300 James Robertson Pkwy, 2nd Floor

Nashville, TN 37201

SSC Andersonville Operating Co., LLC

1 Ravinia Drive, Ste 1500

Atlanta, GA 39346-2115

PS Form 3817, April 2007 PSN 7530-02-000-9065



U.S. Postal Service™

## CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

ATLANTA, GA 30346

Postage \$

Certified Fee

Return Receipt Fee  
(Endorsement Required)

Restricted Delivery Fee  
(Endorsement Required)

Total Postage & Fees \$

Postmark Here  
FEB 21 2013  
02/21/2013

Sent To SSC Andersonville Operating Co., LLC  
1 Ravinia Drive, Ste 1500  
Atlanta, GA 39346-2115  
City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SSC Andersonville Operating Co., LLC  
1 Ravinia Drive, Ste 1500  
Atlanta, GA 39346-2115

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

B. Received by (Printed Name)

☐ Agent  
☐ Addressee

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail  
☐ Registered ☐ Return Receipt for Merchandise  
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

# HIGH LAW OFFICE, PLLC

DAVID E. HIGH

Attorney-At-Law

Rule 31, Listed General Civil Mediator

(615)256-1000

(615)256-1009 - Fax

300 James Robertson Parkway  
Court Square Building, Second Floor  
Nashville, Tennessee 37201

attyhigh@Bellsouth.Net  
www.highlawoffice.com

February 21, 2013

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

SSC Andersonville Operating Company, LLC  
1 Ravinia Drive, Ste 1500  
Atlanta, GA 30346-2115

Re:	Deceased:	Bonnie Ellen Jones
	Date of Birth:	6/13/31
	Date of Death:	5/10/12
	SSN:	409-44-7088
	Our Clients:	Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones, for the wrongful death of Bonnie Ellen Jones Potential Claim for Healthcare Liability or Medical Malpractice Notice Required by T.C.A. §29-26-121(a)

Dear Sir or Madam:

Attorney K. Christopher Martin, P. O. Box 584, Clinton, TN 37717 and High Law Office, PLLC, are the attorneys representing Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for a claim for healthcare liability or medical malpractice and for the wrongful death of Bonnie Ellen Jones, on May 10, 2012, at your facility. Sandra Loveday is asserting a claim for healthcare liability or medical malpractice for the negligent treatment received by Bonnie Ellen Jones while at Norris Health & Rehabilitation Center, causing damages and injuries including her wrongful death on May 10, 2012. Our investigation reveals acts of negligence by the employees and staff of your facility, including negligently failure to administer, monitor and control the input of IV fluids into Ms. Jones on May 9, 2012 and May 10, 2012, resulting in fluid overload and her wrongful death on May 10, 2012.

These negligent acts and omissions occurred at Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, Tennessee 37705.

The full name and date of birth of the patient whose treatment is at issue is:

Patient: Bonnie Ellen Jones  
Date of Birth: 6/13/31  
Date of Death: 5/10/12  
SSN: 409-44-7088

The name and address of the claimant authorizing this notice and relationship to the patient is:

Sandra Elizabeth Loveday, Administrator of the Estate  
of Bonnie Ellen Jones (daughter of Bonnie Ellen Jones)  
204 Sailview Lane  
Clinton, TN 37716

The name and address of the attorney sending this notice is:

David E. High  
High Law Office, PLLC  
Court Square Building  
300 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37201

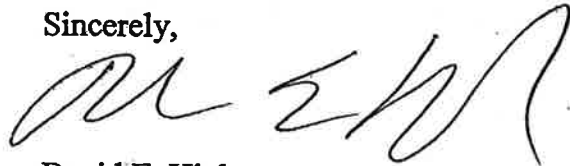
Enclosed herein is a list of the names and addresses of all providers being sent a notice.

Enclosed are HIPAA compliant medical authorizations permitting your corporation to obtain complete medical records from each other provider being sent a notice.

Also enclosed are copies of an Order Allowing the Appointment of Sandra Loveday Administrator of the Estate of Bonnie Ellen Jones, an Order Granting Letters of Administration, and a Letter of Administration.

Please send a copy of this correspondence and all enclosures to your professional liability insurance carrier and/or your legal counsel. I would appreciate hearing from your representative of your professional liability insurance carrier or your legal counsel as soon as possible.

Sincerely,



David E. High

DEH:mel  
Enclosures

**LIST OF NAMES AND ADDRESSES OF ALL PROVIDERS  
BEING SENT A NOTICE PURSUANT TO T.C.A. §29-26-121(a)**

Re:            Claimant:    Bonnie Ellen Jones  
                                  DOB:            6/13/31  
                                  DOD:            5/10/12  
                                  SSN#:          409-44-7088

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice:

1.        Norris Health & Rehabilitation Center  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
2.        SSC Andersonville Operating Company, LLC  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
3.        SSC Andersonville Operating Company, LLC  
          c/o CT Corporation Systems  
          800 South Gay Street, Ste 2021  
          Knoxville, TN 37929-9710
  
- ~~4.        SSC Andersonville Operating Company, LLC~~  
          ~~1 Ravinia Drive, Ste 1500~~  
          ~~Atlanta, GA 30346-2115~~

Each provider above is being sent a HIPAA compliant medical authorization permitting each to obtain complete medical records from each other.



THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION – PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER GRANTING LETTERS OF ADMINISTRATION

This cause came to be heard on February 5th, 2013, upon the Petition filed by the designated Personal Representative and sworn testimony of the Petitioner and witnesses. The findings of the Court:

- A. Decedent was a resident of Anderson County, Tennessee.
- B. Decedent died on 05-10-2012.
- C. Decedent left no Will.
- D. Sandra Loveday petitioned the Court to be appointed Administrator.
- E. That no bond is required.
- F. That the inventory for the Administrator is attached hereto.
- G. That Letters of Testamentary be issued to the Administrator upon her taking oath as prescribed by statute.
- H. That the Administrator administer the Estate in compliance with this Order and all applicable laws of the State of Tennessee.

ENTER this the 11th day of Feb, 2013.

RECEIVED

JAN 24 2013

  
JUDGE WILLIAM LANTRIP

**APPROVED FOR ENTRY BY:**



**K. CHRISTOPHER MARTIN (23765)**

**Attorney for the Estate**

**P.O. Box 584.**

**Clinton, TN 37717**

**(865) 457-3446**

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION - PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER ALLOWING THE APPOINTMENT OF SANDRA LOVEDAY AS  
ADMINISTRATOR OF THE ESTATE OF BONNIE ELLEN JONES

This cause came on to be heard on the \_\_\_\_\_ day of \_\_\_\_\_, 2013,  
before the Honorable William Lantrip. Based upon the record as a whole, the Court is of the  
opinion that Sandra Loveday be appointed Administrator of the Estate of Bonnie Ellen Jones.

IT IS THEREFORE ORDERED, ADJUDGED and DECREED that Sandra Loveday  
be appointed Administrator of the Estate of Bonnie Ellen Jones.

ENTERED this the 11<sup>th</sup> day of Feb, 2013.

  
JUDGE WILLIAM LANTRIP

APPROVED FOR ENTRY BY:



K. CHRISTOPHER MARTIN (23765)  
Attorney for the Estate  
Post Office Box 584  
Clinton, TN 37717  
865-457-3446

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
PROBATE DIVISION

IN RE: THE ESTATE OF BONNIE ELLEN JONES, DECEASED

NO: 13PB0020

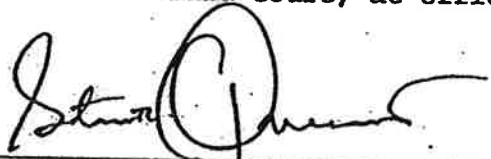
LETTER OF ADMINISTRATION

TO: SANDRA LOVEDAY

A CITIZEN OF ANDERSON COUNTY, TN

Whereas, It appears to the Court, now in session, that BONNIE ELLEN JONES died, leaving no will and the Court being satisfied as to your claim to the Administration, and you having given bond and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you; These are, therefore, to authorize and empower you, the said SANDRA LOVEDAY to take into your possession and control, all the goods, chattels, claims, and papers of the said intestate, and return a true and perfect inventory thereof to our next Chancery Probate Court, or within sixty (60) days from the date hereof; to collect and pay all debts, and to do and transact all the duties in relation to said estate which lawfully devolve on you and personal representative and after having settled up said estate, to deliver the residue thereof to those who have a right thereto.

Witness, Steve R. Queener, Clerk and Master of said Court, at office, this 11<sup>th</sup> of FEBRUARY, 2013.

  
CLERK AND MASTER

STATE OF TENNESSEE, ANDERSON COUNTY

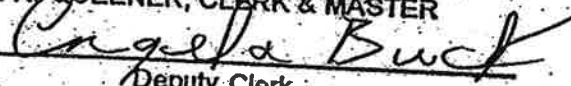
I do solemnly swear that I will honestly and faithfully discharge the duties of Personal Representative of the estate of BONNIE ELLEN JONES according to law, to the best of my knowledge and ability. So help me God.

PER ATTACHED OATH  
PERSONAL REPRESENTATIVE

Subscribed and sworn to before me this the 11<sup>th</sup> day of  
FEBRUARY, 2013.



STATE OF TENNESSEE, ANDERSON COUNTY  
I hereby certify this document to be a true and exact copy of the original on file in this office, and same remains in full force and effect this the 19<sup>th</sup> day of February, 2013  
STEVE R. QUEENER, CLERK & MASTER

BY:   
Deputy Clerk

  
CLERK AND MASTER

# HIPAA COMPLIANT

## Medical Records/Medical Billing Release Authorization

I hereby authorize NORAL'S Health And Rehabilitation Center and its physicians, employees and agents to release or disclose to SSC Andersonville Operating Company LLC all of my billing information and/or documentation and all of my medical records including any specially protected records such as those relating to psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia, or HIV infection, etc. This Release covers any and all medical records whatsoever.

### RELEASE RECORDS TO:

NAME: SSC Andersonville Operating Company LLC  
ADDRESS: 1 Ravina Drive Suite 1500  
Atlanta, Georgia  
30346-2115

Patient's Name: BONNIE ELLEN JONES, deceased

Patient's SS#: 409-44-7088

Patient's Date Of Birth: 6/13/31

Which physician's records?: (All) Any Medical Records and/or Billing Information or other documents

Purpose of Disclosure: Compliance with T.C.A. §26-26-121.

1. All records/bills generated by the above-named healthcare provider, including records received from other sources: INITIALS: SLX
2. Only a portion of records/bills, specifically, dates of treatment, etc.: INITIALS:
3. All records/bills at this facility... INITIALS:

If you DO NOT WANT certain portions of your medical records released, please read this section carefully and initial the boxes for information you do not want released. Otherwise, our records will be released as specified above.

\* I authorize the above-named health care provider and its physicians, employees, and agents to release the information specified to the organization, agency, or individual named on this request with the exception of:

Initials:         
Substance Abuse, if any

Initials:         
Psychological or psychiatric conditions, if any

Initials:         
Aids/HIV/STD's, if any

This Authorization will expire on the occurrence of the settlement of claim or end of litigation.

\* I understand that I may revoke the Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the above-named healthcare provider or its physicians, employees, or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the above-named health care provider. I understand that I am not required to sign this Authorization. The above-named healthcare provider will not condition treatment, payment, enrollment, or eligibility for benefits on whether I provide this Authorization. I understand that my records may be subject to disclosure by the recipient and may no longer be protected by federal privacy regulations. I understand that this Authorization does not limit the above-named healthcare provider's or its physicians', employees' or agents' ability to use or disclose my information for treatment, payment, or healthcare operations, or as otherwise permitted by law.

Patient or Authorized Representative's Signature: Sandra E. Loveday  
SANDRA E. LOVEDAY, ADMINISTRATOR OF

Date: 2-20-13

Relationship to patient: THE ESTATE OF BONNIE ELLEN JONES

Unless Otherwise Indicated, This Authorization Remains in Effect until settlement of claim or end of litigation.

A photocopy of the original of this Authorization shall serve in its stead.



# Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:

David E. High, Esq.  
HIGH LAW OFFICE, PLLC  
300 James Robertson Pkwy, 2nd Fl  
Nashville, TN 37201

To:

SSC Andersonville Operating Compa  
c/o CT Corporation Systems  
800 South Gay Street, Ste 2021  
Knoxville, TN 37929-9710



PS Form 3817, April 2007 PSN 7530-02-000-9065

## U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

KNOXVILLE TN 37929

Postage	\$	
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$7.17

Postmark Here  
FEB 21 2013  
02/21/2013

SSC Andersonville Operating Company, LLC  
c/o CT Corporation Systems  
800 South Gay Street, Ste 2021  
Knoxville, TN 37929-9710

PS Form 3800, August 2006

See Reverse for Instructions

### SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
SSC Andersonville Operating Company, LLC  
c/o CT Corporation Systems  
800 South Gay Street, Ste 2021  
Knoxville, TN 37929-9710

2. Article Number  
(Transfer from service label)

PS Form 3811, February 2004

### COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

*Ericka Gray*

☐ Agent

☐ Address

B. Received by (Printed Name)

FEB 21 2013

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail

☒ Express Mail

☐ Registered

☒ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

7012 2210 0002 7412 4979

Domestic Return Receipt

102595-02-M-15

# HIGH LAW OFFICE, PLLC

DAVID E. HIGH

Attorney-At-Law

Rule 31, Listed General Civil Mediator

(615)256-1000

(615)256-1009 - Fax

300 James Robertson Parkway

Court Square Building, Second Floor

Nashville, Tennessee 37201

attyhigh@Bellsouth.Net

www.highlawoffice.com

February 21, 2013

**VIA CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

SSC Andersonville Operating Company, LLC  
c/o CT Corporation Systems  
800 South Gay Street, Ste 2021  
Knoxville, TN 37929-9710

Re: Deceased: Bonnie Ellen Jones  
Date of Birth: 6/13/31  
Date of Death: 5/10/12  
SSN: 409-44-7088  
Our Clients: Sandra Loveday, Administrator of the  
Estate of Bonnie Ellen Jones for the wrongful death of  
Bonnie Ellen Jones  
Potential Claim for Healthcare Liability  
or Medical Malpractice  
Notice Required by T.C.A. §29-26-12l(a)

Dear Sir or Madam:

You are listed as the agent for service of process for SSC Andersonville Operating Company, LLC, which is the owner of Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, TN 37705. Attorney K. Christopher Martin, P. O. Box 584, Clinton, TN 37717 and High Law Office, PLLC, are the attorneys representing Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for a claim for healthcare liability or medical malpractice and for the wrongful death of Bonnie Ellen Jones, on May 10, 2012, at your facility. Sandra Loveday is asserting a claim for healthcare liability or medical malpractice for the negligent treatment received by Bonnie Ellen Jones while at Norris Health & Rehabilitation Center, causing damages and injuries including her wrongful death on May 10, 2012. Our investigation reveals acts of negligence by the employees and staff of your facility, including negligently failure to administer, monitor and control the input of IV fluids into Ms. Jones on May 9, 2012 and May 10, 2012, resulting in fluid overload and her wrongful death on May 10, 2012.

These negligent acts and omissions occurred at Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, Tennessee 37705.



SSC Andersonville Operating Company, LLC  
c/o CT Corporation Systems  
February 21, 2013  
Page 2

The full name and date of birth of the patient whose treatment is at issue is:

Patient: Bonnie Ellen Jones  
Date of Birth: 6/13/31  
Date of Death: 5/10/12  
SSN: 409-44-7088

The name and address of the claimant authorizing this notice and relationship to the patient is:

Sandra Loveday, Administrator of the Estate  
of Bonnie Ellen Jones (daughter of Bonnie Ellen Jones)  
204 Sailview Lane  
Clinton, TN 37716

The name and address of the attorney sending this notice is:

David E. High  
High Law Office, PLLC  
Court Square Building  
300 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37201

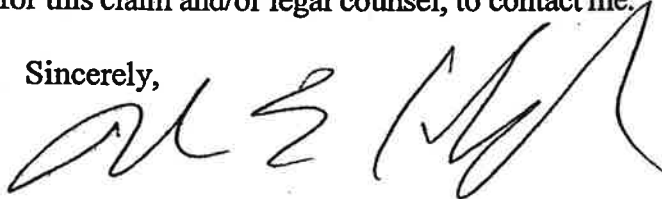
Enclosed herein is a list of the names and addresses of all providers being sent a notice.

Enclosed are HIPAA compliant medical authorizations permitting your corporation to obtain complete medical records from each other provider being sent a notice.

Also enclosed are copies of an Order Allowing the Appointment of Sandra Loveday Administrator of the Estate of Bonnie Ellen Jones, an Order Granting Letters of Administration, and a Letter of Administration.

Please send a copy of this correspondence and all enclosures to the appropriate individuals at Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, TN 37705 and SSC Andersonville Operating Company, LLC, 3382 Andersonville HWY, Andersonville, TN 37705 and to the professional liability insurance carrier and/or legal counsel of said Rehabilitation Center and said limited liability corporation for this claim and/or legal counsel, to contact me.

Sincerely,



David E. High

DEH:mel  
Enclosures



**LIST OF NAMES AND ADDRESSES OF ALL PROVIDERS  
BEING SENT A NOTICE PURSUANT TO T.C.A. §29-26-121(a)**

Re:            Claimant:    Bonnie Ellen Jones  
                                  DOB:            6/13/31  
                                  DOD:            5/10/12  
                                  SSN#:          409-44-7088

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice:

1.        Norris Health & Rehabilitation Center  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
2.        SSC Andersonville Operating Company, LLC  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
3.        SSC Andersonville Operating Company, LLC  
          c/o CT Corporation Systems  
          800 South Gay Street, Ste 2021  
          Knoxville, TN 37929-9710
  
4.        SSC Andersonville Operating Company, LLC  
          1 Ravinia Drive, Ste 1500  
          Atlanta, GA 30346-2115

Each provider above is being sent a HIPAA compliant medical authorization permitting each to obtain complete medical records from each other.

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION – PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER GRANTING LETTERS OF ADMINISTRATION

This cause came to be heard on February 11<sup>th</sup>, 2013, upon the Petition filed by the designated Personal Representative and sworn testimony of the Petitioner and witnesses. The findings of the Court:

- A. Decedent was a resident of Anderson County, Tennessee.
- B. Decedent died on 05-10-2012.
- C. Decedent left no Will.
- D. Sandra Loveday petitioned the Court to be appointed Administrator.
- E. That no bond is required.
- F. That the inventory for the Administrator is attached hereto.
- G. That Letters of Testamentary be issued to the Administrator upon her taking oath as prescribed by statute.
- H. That the Administrator administer the Estate in compliance with this Order and all applicable laws of the State of Tennessee.

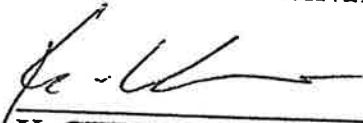
ENTER this the 11<sup>th</sup> day of FEB, 2013.

RECEIVED

JAN 24 2013

  
JUDGE WILLIAM LANTRIP

**APPROVED FOR ENTRY BY:**



**K. CHRISTOPHER MARTIN (23765)**  
**Attorney for the Estate**  
**P.O. Box 584.**  
**Clinton, TN 37717**  
**(865) 457-3446**

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION - PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER ALLOWING THE APPOINTMENT OF SANDRA LOVEDAY AS  
ADMINISTRATOR OF THE ESTATE OF BONNIE ELLEN JONES

This cause came on to be heard on the \_\_\_\_\_ day of \_\_\_\_\_, 2013,  
before the Honorable William Lantrip. Based upon the record as a whole, the Court is of the  
opinion that Sandra Loveday be appointed Administrator of the Estate of Bonnie Ellen Jones.

IT IS THEREFORE ORDERED, ADJUDGED and DECREED that Sandra Loveday  
be appointed Administrator of the Estate of Bonnie Ellen Jones.

ENTERED this the 11<sup>th</sup> day of Feb, 2013.

  
JUDGE WILLIAM LANTRIP

APPROVED FOR ENTRY BY:



K. CHRISTOPHER MARTIN (23765)  
Attorney for the Estate  
Post Office Box 584  
Clinton, TN 37717  
865-457-3446

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
PROBATE DIVISION

IN RE: THE ESTATE OF BONNIE ELLEN JONES, DECEASED

NO: 13PB0020

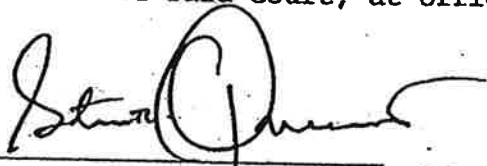
LETTER OF ADMINISTRATION

TO: SANDRA LOVEDAY

A CITIZEN OF ANDERSON COUNTY, TN

Whereas, It appears to the Court, now in session, that BONNIE ELLEN JONES died, leaving no will and the Court being satisfied as to your claim to the Administration, and you having given bond and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you; These are, therefore, to authorize and empower you, the said SANDRA LOVEDAY to take into your possession and control, all the goods, chattels, claims, and papers of the said intestate, and return a true and perfect inventory thereof to our next Chancery Probate Court, or within sixty (60) days from the date hereof; to collect and pay all debts, and to do and transact all the duties in relation to said estate which lawfully devolve on you and personal representative and after having settled up said estate, to deliver the residue thereof to those who have a right thereto.

Witness, Steve R. Queener, Clerk and Master of said Court, at office, this 11<sup>th</sup> of FEBRUARY, 2013.

  
CLERK AND MASTER

STATE OF TENNESSEE, ANDERSON COUNTY


I do solemnly swear that I will honestly and faithfully discharge the duties of Personal Representative of the estate of BONNIE ELLEN JONES according to law, to the best of my knowledge and ability. So help me God.

PER ATTACHED OATH  
PERSONAL REPRESENTATIVE

Subscribed and sworn to before me this the 11<sup>th</sup> day of FEBRUARY, 2013.



STATE OF TENNESSEE, ANDERSON COUNTY  
I hereby certify this document to be a true and exact copy of the original on file in this office, and same remains in full force and effect this the 19<sup>th</sup> day of February, 2013  
STEVE R. QUEENER, CLERK & MASTER

  
CLERK AND MASTER

BY: Angela Buck  
Deputy Clerk

# HIPAA COMPLIANT

## Medical Records/Medical Billing Release Authorization

I hereby authorize Noah's Health And Rehabilitation Center and its physicians, employees and agents to release or disclose to SSC Andersonville Operating Company LLC all of my billing information and/or documentation and all of my medical records including any specially protected records such as those relating to psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia, or HIV infection, etc. This Release covers any and all medical records whatsoever.

### RELEASE RECORDS TO:

NAME: SSC Andersonville Operating Company LLC  
ADDRESS: 40 C.T. Corporation, Systems  
800 South Gay Street, Suite 2012  
KNOXVILLE, TENN. 37929-9710

Patient's Name: BONNIE ELLEN JONES, deceased

Patient's SS#: 409-44-7088

Patient's Date Of Birth: 6/13/31

Which physician's records?: (All) Any Medical Records and/or Billing Information or other documents

Purpose of Disclosure: Compliance with T.C.A. §26-26-121.

1. All records/bills generated by the above-named healthcare provider, including records received from other sources: INITIALS: SLX
2. Only a portion of records/bills, specifically, dates of treatment, etc.: INITIALS: \_\_\_\_\_
3. All records/bills at this facility... INITIALS: \_\_\_\_\_

**If you DO NOT WANT certain portions of your medical records released, please read this section carefully and initial the boxes for information you do not want released. Otherwise, our records will be released as specified above.**

\* I authorize the above-named health care provider and its physicians, employees, and agents to release the information specified to the organization, agency, or individual named on this request with the exception of:

Initials: \_\_\_\_\_  
Substance Abuse, if any

Initials: \_\_\_\_\_  
Psychological or psychiatric conditions, if any

Initials: \_\_\_\_\_  
Aids/HIV/STD's, if any

This Authorization will expire on the occurrence of the settlement of claim or end of litigation.

\* I understand that I may revoke the Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the above-named healthcare provider or its physicians, employees, or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the above-named health care provider. I understand that I am not required to sign this Authorization. The above-named healthcare provider will not condition treatment, payment, enrollment, or eligibility for benefits on whether I provide this Authorization. I understand that my records may be subject to disclosure by the recipient and may no longer be protected by federal privacy regulations. I understand that this Authorization does not limit the above-named healthcare provider's or its physicians', employees' or agents' ability to use or disclose my information for treatment, payment, or healthcare operations, or as otherwise permitted by law.

Patient or Authorized Representative's Signature: Sandra E. Loveday  
SANDRA E. LOVEDAY, ADMINISTRATOR OF

Date: 2-20-13

Relationship to patient: THE ESTATE OF BONNIE ELLEN JONES

Unless Otherwise Indicated, This Authorization Remains In Effect until settlement of claim or end of litigation.  
A photocopy of the original of this Authorization shall serve in its stead.



# Certificate Of Mailing

This Certificate of Mailing provides evidence that mail has been presented to USPS® for mailing. This form may be used for domestic and international mail.

From:

David E. High., Esq.  
HIGH LAW OFFICE, PLLC  
300 James Robertson Pkwy, 2nd F  
Nashville, TN 37201

To:

Norris Health & Rehabilitation  
ATTN: Nursing Home Administrator  
3382 Andersonville HWY  
Andersonville, TN 37705

PS Form 3817, April 2007 PSN 7530-02-000-9065

PS Form 3800, August 2006  
See Reverse for Instructions

Andersonville, TN 37705  
C 0382 Andersonville HWY  
Norris Health & Rehabilitation Ctr  
Nursing Home Administrator  
3382 Andersonville HWY  
Andersonville, TN 37705

Sent to

Postage	Certified Fee	Return Receipt Fee	Restricted Delivery Fee	Endorsement Required	Total Postage & Fees
\$4.18	\$2.55	\$0.00	\$0.00		\$6.73

Postmark: NASHVILLE TN 02/21/2013

For delivery information visit our website at www.usps.com

OFFICIAL USE

U.S. Postal Service  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only; No Insurance Coverage Provided)

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"><li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li><li>Print your name and address on the reverse so that we can return the card to you.</li><li>Attach this card to the back of the mailpiece, or on the front if space permits.</li></ul>		<p>A. Signature <i>Deolly Bold</i> <input type="checkbox"/> Agent <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Deolly Bold</i></p> <p>C. Date of Delivery <i>2-25-13</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
1. Article Addressed to: Norris Health & Rehabilitation Ctr ATTN: Nursing Home Administrator 3382 Andersonville HWY Andersonville, TN 37705		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
PS Form 3811, February 2004		Domestic Return Receipt	

7012 2210 0002 7412 4993

# HIGH LAW OFFICE, PLLC

DAVID E. HIGH

Attorney-At-Law

Rule 31, Listed General Civil Mediator

(615)256-1000

(615)256-1009 - Fax

300 James Robertson Parkway

Court Square Building, Second Floor  
Nashville, Tennessee 37201

attyhigh@Bellsouth.Net

www.highlawoffice.com

February 21, 2013

## VIA CERTIFIED MAIL RETURN RECEIPT REQUESTED

Norris Health & Rehabilitation Center  
ATTN: Nursing Home Administrator  
3382 Andersonville HWY  
Andersonville, TN 37705

Re:	Deceased:	Bonnie Ellen Jones
	Date of Birth:	6/13/31
	Date of Death:	5/10/12
	SSN:	409-44-7088
	Our Clients:	Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for the wrongful death of Bonnie Ellen Jones Potential Claim for Healthcare Liability or Medical Malpractice Notice Required by T.C.A. §29-26-12l(a)

Dear Sir or Madam:

Attorney K. Christopher Martin, P. O. Box 584, Clinton, TN 37717 and High Law Office, PLLC, are the attorneys representing Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones for a claim for healthcare liability or medical malpractice and for the wrongful death of Bonnie Ellen Jones, on May 10, 2012, at your facility. Sandra Loveday is asserting a claim for healthcare liability or medical malpractice for the negligent treatment received by Bonnie Ellen Jones while at Norris Health & Rehabilitation Center, causing damages and injuries including her wrongful death on May 10, 2012. Our investigation reveals acts of negligence by the employees and staff of your facility, including negligently failure to administer, monitor and control the input of IV fluids into Ms. Jones on May 9, 2012 and May 10, 2012, resulting in fluid overload and her wrongful death on May 10, 2012.

These negligent acts and omissions occurred at Norris Health & Rehabilitation Center, 3382 Andersonville HWY, Andersonville, Tennessee 37705.



The full name and date of birth of the patient whose treatment is at issue is:

Patient: Bonnie Ellen Jones  
Date of Birth: 6/13/31  
Date of Death: 5/10/12  
SSN: 409-44-7088

The name and address of the claimant authorizing this notice and relationship to the patient is:

Sandra Loveday, Administrator of the Estate of Bonnie Ellen Jones  
204 Sailview Lane  
Clinton, TN 37716

The name and address of the attorney sending this notice is:

David E. High  
High Law Office, PLLC  
Court Square Building  
300 James Robertson Parkway, 2<sup>nd</sup> Floor  
Nashville, TN 37201

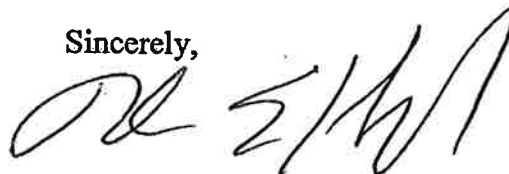
Enclosed herein is a list of the names and addresses of all providers being sent a notice.

Enclosed are HIPAA compliant medical authorizations permitting your corporation to obtain complete medical records from each other provider being sent a notice.

Also enclosed are copies of an Order Allowing the Appointment of Sandra Loveday Administrator of the Estate of Bonnie Ellen Jones, an Order Granting Letters of Administration, and a Letter of Administration.

Please send a copy of this correspondence and all enclosures to your professional liability insurance carrier and/or your legal counsel. I would appreciate hearing from your representative of your professional liability insurance carrier or your legal counsel as soon as possible.

Sincerely,

A handwritten signature in black ink, appearing to read 'DEH', followed by a large, stylized flourish or scribble.

David E. High

DEH:mel  
Enclosure

cc: SSC Andersonville Operating Company, LLC

**LIST OF NAMES AND ADDRESSES OF ALL PROVIDERS  
BEING SENT A NOTICE PURSUANT TO T.C.A. §29-26-121(a)**

Re:            Claimant:    Bonnie Ellen Jones  
                                  DOB:            6/13/31  
                                  DOD:            5/10/12  
                                  SSN#:          409-44-7088

The below is a list of health care providers to whom notice is being given, pursuant to T.C.A. §29-26-121(a), of a potential claim for medical malpractice:

1.        Norris Health & Rehabilitation Center  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
2.        SSC Andersonville Operating Company, LLC  
          3382 Andersonville HWY  
          Andersonville, TN 37705
  
3.        SSC Andersonville Operating Company, LLC  
          c/o CT Corporation Systems  
          800 South Gay Street, Ste 2021  
          Knoxville, TN 37929-9710
  
4.        SSC Andersonville Operating Company, LLC  
          1 Ravinia Drive, Ste 1500  
          Atlanta, GA 30346-2115

Each provider above is being sent a HIPAA compliant medical authorization permitting each to obtain complete medical records from each other.

THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
CHANCERY DIVISION - PROBATE SECTION

IN THE MATTER OF:

The Estate of Bonnie Ellen Jones,

Deceased,

Sandra Loveday,

Petitioner.

No.: 13PB0020

ORDER GRANTING LETTERS OF ADMINISTRATION

This cause came to be heard on February 11<sup>th</sup>, 2013, upon the Petition filed by the designated Personal Representative and sworn testimony of the Petitioner and witnesses. The findings of the Court:

- A. Decedent was a resident of Anderson County, Tennessee.
- B. Decedent died on 05-10-2012.
- C. Decedent left no Will.
- D. Sandra Loveday petitioned the Court to be appointed Administrator.
- E. That no bond is required.
- F. That the inventory for the Administrator is attached hereto.
- G. That Letters of Testamentary be issued to the Administrator upon her taking oath as prescribed by statute.
- H. That the Administrator administer the Estate in compliance with this Order and all applicable laws of the State of Tennessee.

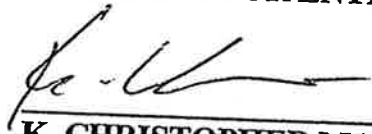
ENTER this the 11<sup>th</sup> day of FEB, 2013.

RECEIVED

JAN 24 2013

  
JUDGE WILLIAM LANTRIP

**APPROVED FOR ENTRY BY:**



**K. CHRISTOPHER MARTIN (23765)**

**Attorney for the Estate**

**P.O. Box 584.**

**Clinton, TN 37717**

**(865) 457-3446**

IN THE SEVENTH JUDICIAL DISTRICT FOR THE STATE OF TENNESSEE  
PROBATE DIVISION

IN RE: THE ESTATE OF BONNIE ELLEN JONES, DECEASED

NO: 13PB0020

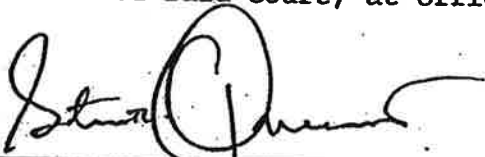
LETTER OF ADMINISTRATION

TO: SANDRA LOVEDAY

A CITIZEN OF ANDERSON COUNTY, TN

Whereas, It appears to the Court, now in session, that BONNIE ELLEN JONES died, leaving no will and the Court being satisfied as to your claim to the Administration, and you having given bond and qualified as directed by law, and the Court having ordered that Letters of Administration be issued to you; These are, therefore, to authorize and empower you, the said SANDRA LOVEDAY to take into your possession and control, all the goods, chattels, claims, and papers of the said intestate, and return a true and perfect inventory thereof to our next Chancery Probate Court, or within sixty (60) days from the date hereof; to collect and pay all debts, and to do and transact all the duties in relation to said estate which lawfully devolve on you and personal representative and after having settled up said estate, to deliver the residue thereof to those who have a right thereto.

Witness, Steve R. Queener, Clerk and Master of said Court, at office, this 11<sup>th</sup> of FEBRUARY, 2013.

  
CLERK AND MASTER

STATE OF TENNESSEE, ANDERSON COUNTY


I do solemnly swear that I will honestly and faithfully discharge the duties of Personal Representative of the estate of BONNIE ELLEN JONES according to law, to the best of my knowledge and ability. So help me God.

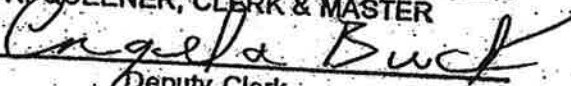
PER ATTACHED OATH  
PERSONAL REPRESENTATIVE

Subscribed and sworn to before me this the 11<sup>th</sup> day of  
FEBRUARY, 2013.



STATE OF TENNESSEE, ANDERSON COUNTY  
I hereby certify this document to be a true and exact copy of the original on file in this office, and same remains in full force and effect this the 19<sup>th</sup> day of February, 2013  
STEVE R. QUEENER, CLERK & MASTER

  
CLERK AND MASTER

BY:   
Deputy Clerk

# HIPAA COMPLIANT

## Medical Records/Medical Billing Release Authorization

I hereby authorize SS C Andersonville Operating Company LLC and its physicians, employees and agents to release or disclose to Worlds Health And Rehabilitation Center all of my billing information and/or documentation and all of my medical records including any specially protected records such as those relating to psychological or psychiatric impairments, drug abuse, alcoholism, sickle cell anemia, or HIV infection, etc. This Release covers any and all medical records whatsoever.

RELEASE RECORDS TO: NAME: Worlds Health And Rehabilitation Center  
ADDRESS: 3382 Andersonville Hwy  
Andersonville TN 37705

Patient's Name: BONNIE ELLEN JONES, deceased

Patient's SS#: 409-44-7088

Patient's Date Of Birth: 6/13/31

Which physician's records?: (All) Any Medical Records and/or Billing Information or other documents

Purpose of Disclosure: Compliance with T.C.A. §26-26-121.

1. All records/bills generated by the above-named healthcare provider, including records received from other sources: INITIALS: SLX
2. Only a portion of records/bills, specifically, dates of treatment, etc.: INITIALS: \_\_\_\_\_
3. All records/bills at this facility: INITIALS: \_\_\_\_\_

If you DO NOT WANT certain portions of your medical records released, please read this section carefully and initial the boxes for information you do not want released. Otherwise, our records will be released as specified above.

\* I authorize the above-named health care provider and its physicians, employees, and agents to release the information specified to the organization, agency, or individual named on this request with the exception of:

Initials: \_\_\_\_\_  
Substance Abuse, if any

Initials: \_\_\_\_\_  
Psychological or psychiatric conditions, if any

Initials: \_\_\_\_\_  
Aids/HIV/STD's, if any

This Authorization will expire on the occurrence of the settlement of claim or end of litigation.

\* I understand that I may revoke the Authorization at any time prior to the expiration date or event, but that my revocation will not have any effect on actions taken by the above-named healthcare provider or its physicians, employees, or agents before they received my revocation. Should I desire to revoke this Authorization, I must send written notice to the above-named health care provider. I understand that I am not required to sign this Authorization. The above-named healthcare provider will not condition treatment, payment, enrollment, or eligibility for benefits on whether I provide this Authorization. I understand that my records may be subject to disclosure by the recipient and may no longer be protected by federal privacy regulations. I understand that this Authorization does not limit the above-named healthcare provider's or its physicians', employees' or agents' ability to use or disclose my information for treatment, payment, or healthcare operations, or as otherwise permitted by law.

Patient or Authorized Representative's Signature: Sandra E. Loveday  
SANDRA E. LOVEDAY, ADMINISTRATOR OF

Date: 2-20-13

Relationship to patient: THE ESTATE OF BONNIE ELLEN JONES

Unless Otherwise Indicated, This Authorization Remains In Effect until settlement of claim or end of litigation.  
A photocopy of the original of this Authorization shall serve in its stead.

## IN THE CIRCUIT COURT FOR ANDERSON COUNTY, TENNESSEE

SANDRA LOVEDAY, Administrator of the )  
 Estate of BONNIE ELLEN JONES and )  
 SANDRA LOVEDAY, individually and as next )  
 of kin and for the wrongful death of BONNIE )  
 ELLEN JONES, )

Plaintiffs, )

v. )

SSC ANDERSONVILLE OPERATING )  
 COMPANY, LLC d/b/a NORRIS HEALTH AND )  
 REHABILITATION CENTER, )

Defendants. )

No.: \_\_\_\_\_  
 JURY DEMAND

**CERTIFICATE OF GOOD FAITH**  
**Medical Malpractice Case**  
**Plaintiff's Form**

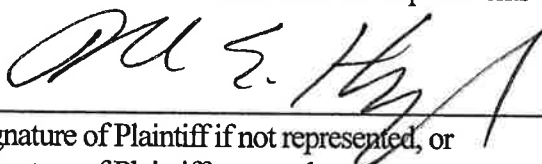
- A. In accordance with T.C.A. §29-26-122, I hereby state the following: (Check item 1 or 2 below and sign your name beneath the item you have checked, verifying the information you have checked. Failure to check item 1 or 2 and/or not signing item 1 or 2 will make this case subject to dismissal with prejudice.)



1. The Plaintiff or Plaintiffs counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under T.C.A. §29-26-115 to express opinion(s) in the case;  
 and

(B) Believe, based on the information available from the medical records concerning the care and treatment of the Plaintiff for the incident(s) at issue, that there is a good faith basis to maintain the action consistent with the requirements of T.C.A. §29-26-115.

  
 Signature of Plaintiff if not represented, or  
 Signature of Plaintiffs counsel

OR,

- ☐ 2. The Plaintiff or Plaintiffs counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under T.C.A. §29-26-115 to express opinion(s) in the case;  
and

(B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident(s) at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident(s) at issue, that there are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or information reasonably available to the Plaintiff or Plaintiffs counsel; and that despite the absence of this information, there is a good faith basis for maintaining the action as to each Defendant consistent with the requirements of T.C.A. §29-26-115. Refusal of the Defendant to release the medical records in a timely fashion, or where it is impossible for the Plaintiff to obtain the medical records, shall waive the requirement that the expert review the medical records prior to expert certification.

---

Signature of Plaintiff if not represented, or  
Signature of Plaintiffs counsel



IN THE CIRCUIT COURT FOR ANDERSON COUNTY, TENNESSEE

SANDRA LOVEDAY, Administrator of the  
Estate of BONNIE ELLEN JONES and  
SANDRA LOVEDAY, individually and as next  
of kin and for the wrongful death of BONNIE  
ELLEN JONES,

Plaintiffs,

v.

SSC ANDERSONVILLE OPERATING  
COMPANY, LLC d/b/a NORRIS HEALTH AND  
REHABILITATION CENTER,

Defendants.

No.: B3LA0110  
JURY DEMAND

2013 MAY -6 P 12:50

FILED

**CERTIFICATE OF GOOD FAITH  
Medical Malpractice Case  
Plaintiff's Form**

A. In accordance with T.C.A. §29-26-122, 1 hereby state the following: (Check item 1 or 2 below and sign your name beneath the item you have checked, verifying the information you have checked. Failure to check item 1 or 2 and/or not signing item 1 or 2 will make this case subject to dismissal with prejudice.)



1. The Plaintiff or Plaintiffs counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under T.C.A. §29-26-115 to express opinion(s) in the case;  
and

(B) Believe, based on the information available from the medical records concerning the care and treatment of the Plaintiff for the incident(s) at issue, that there is a good faith basis to maintain the action consistent with the requirements of T.C.A. §29-26-115.



Signature of Plaintiff if not represented, or  
Signature of Plaintiffs counsel

OR,

- ☐ 2. The Plaintiff or Plaintiffs counsel has consulted with one (1) or more experts who have provided a signed written statement confirming that upon information and belief they:

(A) Are competent under T.C.A. §29-26-115 to express opinion(s) in the case;  
and

(B) Believe, based on the information available from the medical records reviewed concerning the care and treatment of the Plaintiff for the incident(s) at issue and, as appropriate, information from the Plaintiff or others with knowledge of the incident(s) at issue, that there are facts material to the resolution of the case that cannot be reasonably ascertained from the medical records or information reasonably available to the Plaintiff or Plaintiffs counsel; and that despite the absence of this information, there is a good faith basis for maintaining the action as to each Defendant consistent with the requirements of T.C.A. §29-26-115. Refusal of the Defendant to release the medical records in a timely fashion, or where it is impossible for the Plaintiff to obtain the medical records, shall waive the requirement that the expert review the medical records prior to expert certification.

---

Signature of Plaintiff if not represented, or  
Signature of Plaintiffs counsel

B. You MUST complete the information below and sign:

I have been found in violation of T.C.A. §29-26-122 0 prior times.  
(Insert number of prior violations by you.)

David E. Hays 5-1-13  
Signature of person executing this document Date  
Attorney for Plaintiff  
#7052

IN THE CIRCUIT COURT FOR ANDERSON COUNTY, TENNESSEE

SANDRA LOVEDAY, Administrator of the  
Estate of BONNIE ELLEN JONES and  
SANDRA LOVEDAY, individually and as next  
of kin and for the wrongful death of BONNIE  
ELLEN JONES,

Plaintiffs,

v.

SSC ANDERSONVILLE OPERATING  
COMPANY, LLC d/b/a NORRIS HEALTH AND  
REHABILITATION CENTER,

Defendants.

No.: B3LA0110  
JURY DEMAND

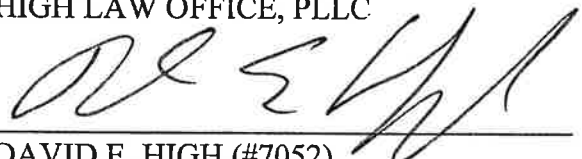
2013 MAY -5 P 12:49

*AK*

NOTICE OF FILING

PLEASE TAKE NOTICE that counsel for the plaintiff files the attached Certificate of Good Faith, Medical Malpractice Case, Plaintiff's Form, with the Clerk of this Honorable Court.

Respectfully submitted,  
HIGH LAW OFFICE, PLLC



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615/256-1000  
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K. CHRISTOPHER MARTIN (#23765)  
P. O. Box 584  
Clinton, TN 37717  
865/457-3446  
[kcmlaw@yahoo.com](mailto:kcmlaw@yahoo.com)  
For the Plaintiff

IN THE CIRCUIT COURT FOR ANDERSON COUNTY, TENNESSEE

SANDRA LOVEDAY, Administrator of the Estate  
of BONNIE ELLEN JONES and SANDRA  
LOVEDAY, individually and as next of kin and for  
the wrongful death of BONNIE ELLEN JONES,

Plaintiffs,

v.

SSC ANDERSONVILLE OPERATING  
COMPANY, LLC d/b/a NORRIS HEALTH AND  
REHABILITATION CENTER,

Defendants.



No.: B3LA0110V  
JURY DEMAND

**SERVE: SSC ANDERSONVILLE OPERATING COMPANY, LLC  
d/b/a NORRIS HEALTH AND REHABILITATION CENTER  
c/o CT CORPORATION SYSTEM, Agent for Service of Process  
800 SOUTH GAY STREET, SUITE 2021  
KNOXVILLE, TN 37929-9710  
(SERVE THROUGH KNOX COUNTY SHERIFF)**

You are hereby summoned and required to serve upon K. Christopher Martin, Esq., Martin Law Firm, P.O. Box 584, Clinton, TN 37717 and to David E. High, Esq., High Law Office, PLLC, 300 James Robertson Parkway, 2nd Floor, Nashville, TN 37201, an Answer to the Complaint herewith served upon you within thirty (30) days after service of this Summons and Complaint to you, exclusive of the day of service. If you fail to do so, judgment by default can be taken against you for the relief demanded in the Petition.

Issued and tested this 6th day of May, 2013.

H. Tyler Mayes, Clerk

Clerk

Joelynn Searls  
Deputy Clerk

TO THE DEFENDANT(S): Tennessee law provides a four thousand dollar (\$4,000.00) personal property exemption from execution or seizure to satisfy a judgment. If a judgment should be entered against you in this action and you wish to claim property as exempt, you must file a written list, under oath, of the items you wish to claim as exempt with the Clerk of the Court. The list may be filed at any time and may be changed by you thereafter as necessary; however, unless it is filed before the Judgment becomes final, it will not be effective as to any execution or garnishment issued prior to the filing of the list. Certain items are automatically exempt by law and do not need to be listed; these include items of necessary wearing apparel for yourself, trunks or other receptacles necessary to contain such apparel, family portraits, the family Bible, and school books. Should any of these items be seized, you would have the right to recover them. If you do not understand your exemption right or how to exercise it, you may wish to seek the counsel of a lawyer.

SERVICE INFORMATION

SERVE:

I received this Summons on the 13 day of May, 2013.

I hereby certify and return Summons on the day of May 15, 2013  
Served Special Assistant Secretary  
Service of Process to C.T. Corpora  
System the Registered Agent for

☒ Served this Summons on Defendant SSC Andersonville Operating Company, LLC in the following manner:

Ericka Fry

☐ Failed to serve this Summons within thirty (30) days after its issuance because:

W C Bryant #B1864  
PROCESS SERVER